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ABSTRACT

Reported on in this document are the proceedings of a conference on minority group problems. The problems of alcohol, drug abuse and mental health, and public policies at the State, local and Federal levels as they impact upon racial minorities are some of the issues discussed. Areas of concern focused on include: (1) treatment; (2) precipitating, predisposing and contributing factors of alcoholism, drug abuse and mental illness among minorities; (3) factors that should be addressed in the area of research; (4) manpower needs and resources; (5) accreditation of minority service providers; (6) prevention; (7) special needs of rural and migrant minorities; (8) socioeconomic influences; and (9) institutionalization and deinstitutionalization. Specific recommendations and implementation strategies for dealing with these issues are suggested. In addition, the participants and recommendations of four specific minority group networks (Asian Americans, blacks, Hispanics and Native Americans) are listed. Appended are listings of conference participants, planning committee members, resource documents and a sample of the conference agenda. (EB)

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ED169158

National Conference on Minority Group Alcohol, Drug Abuse and Mental Health Issues

Conference Proceedings

May 22-24, 1978

Denver, Colorado

"UDO19246"

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
ROCKVILLE, MARYLAND 20852

OFFICE OF THE ADMINISTRATOR

The first National Conference on Minority Group Alcohol, Drug Abuse, and Mental Health Issues held during May 22-24, 1978 in Denver, Colorado is now history. Despite the fact that the conference was one of the first of its kind to address alcohol, drug abuse and mental health concerns among the various racial minority groups in America on a national level and a first attempt to bring this about by the Minority Advisory Committee of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), the conference was in essence, a very productive one. The conference results should provide the foci for Committee's future activities.

Many people helped and contributed to make the Conference a reality and a success. Although it would be impossible to name all these persons, special thanks go to each member of the Minority Advisory Committee who undertook leadership roles in the Conference. To Ernest F. Hurst, staff to the Committee and Dr. Gerald L. Klerman, Administrator of ADAMHA, many thanks for facilitating the sponsorship of such a convention. Sincere appreciation is extended to Secretary Mario Obledo of California for a stimulating and challenging keynote address and to Dr. Stanley Mahoney, Director, Division of ADAMHA programs, Region VIII for being a gracious host.

A bouquet of thanks is also extended to the Conference Planning Committee and to the staff of InterAmerica Research Associates-- Juan J. Gutierrez, Dr. Rene A. Ruiz and Diane M. Williams -- for their patience, perseverence and wherewithal in providing the planning and support services necessary for a national conference.

And finally, to all the conference participants, especially the resource writers and Federal resource persons who contributed much to the substance and content of the Conference.

Mahalo Nui Loa (Thank you very much)!

Sincerely,

Lawrence K. Koseki, D.S.W.
Chairperson, Minority Advisory
Committee, ADAMHA

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INTRODUCTION

I. INTRODUCTION

The Secretary, Department of Health, Education, and Welfare (DHEW) and, by delegation, the Assistant Secretary for Health, the Administrator, Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), and the Directors, National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute on Drug Abuse (NIDA), and National Institute of Mental Health (NIMH), are authorized under Public Law 93-282 to develop knowledge, manpower, and services to treat and rehabilitate alcoholics, drug abusers, and the mentally ill; to prevent alcoholism, drug abuse and mental illness; and to promote and sustain mental health and a responsible attitude toward and use of alcohol and other drugs. The Minority Advisory Committee (MAC) to ADAMHA, was chartered to provide advice on the special needs and concerns of minority groups as related to alcohol, drug abuse, and mental health problems.

The function of the Minority Advisory Committee to ADAMHA, is to advise the Secretary and the Administrator of ADAMHA on policy, programs and activities regarding minority alcohol, drug abuse, and mental health matters, and to make recommendations for possible solutions which meet the needs and concerns of minority groups throughout the United States.

As a part of the Committee's planning effort for 1976-1977, a recommendation was made to the ADAMHA Administrator that ADAMHA sponsor a working task-oriented meeting of selected representatives of national organizations, Federal and state agencies, and consumer groups with significant involvement in alcohol, drug abuse and mental health and/or related health areas as they affect racial minority populations. (The populations of concern to the

Committee are Asian Americans/Pacific Islanders, Blacks, Hispanics and Native Americans.) The recommendation was approved by ADAMHA to sponsor the conference. This document constitutes a report on the proceedings of the conference held in Denver, Colorado on May 22-24, 1978.

Purposes of the Conference

The purposes of the conference were:

- To discuss key issues in alcohol, drug abuse and mental health, including public policies at the state, local and Federal levels as they impact upon racial minorities;
- To develop specific recommendations and implementation strategies in regard to these issues and policies; and
- To establish linkages and a communications network among the ADAMHA Minority Advisory Committee and key racial minority organizations in order to develop joint ies in the areas of alcohol, drug abuse and mental health.

Key Issues of the Conference

The conference focused on the following 10 major issue areas of concern:

- Treatment: What kind of comprehensive treatment modality and continum is needed for minority groups?
- Factors/Variables: What are the precipitating, predisposing and contributing factors of alcohol, drug abuse and mental illness of minorities?
- Research: What factors should be addressed in the area of research?
- Manpower: What is the status of manpower recruitment, development and retention?
- Other Manpower Resources: What is the role of the curandero, medicine man, herbist and religious disciplines in the treatment of alcohol, drug abuse and mental health of minorities?

- Accreditation: What is the impact of licensure, certification and credentialling of minority service providers on the delivery of services?

- Prevention: What are the variables involved? What kind of advocacy paradigms and strategies need to be developed and how are they to be implemented?

- Non-Metropolitan Communities: What are the special needs/problems of rural and migrant minorities?

- Socioeconomic Factors: What are the dynamics of social class/status? How do they affect the mental health? What impact do they have on substance abuse?

- Institutionalization/Deinstitutionalization: What kinds of treatment services are there for minorities in the penal system, mental hospitals, etc.? What alternative and aftercare support services are needed?

II. CONFERENCE RECOMMENDATIONS

In accordance with the objectives of the National Conference on Minority Group Alcohol, Drug Abuse and Mental Health Issues, policy recommendations and implementation strategies were developed by the participants. These recommendations reflected a wide range of views and covered broad areas of concern. For reporting purposes, the MAC Committee categorized all the recommendations into seven categories. These are:

1. The Alcohol, Drug Abuse, and Mental Health Adminstration;
2. The Minority Advisory Committee, ADAMHA;
3. Treatment Issues;
4. Prevention Issues;
5. Manpower Issues;
6. Research Issues; and
7. Racial Minority Group Issues.

The following sections present these recommendations.

The Alcohol, Drug Abuse, and Mental Health Administration

ADAMHA must assume a leadership role in advancing the Federal Government's responsiveness to the alcohol, drug abuse and mental health needs of racial minorities. ADAMHA should demonstrate this leadership role by its advocacy and by its monitoring of the policies and directions of its three Institutes: National Institute of Mental Health (NIMH), National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the National Institute on Drug Abuse (NIDA). Therefore, the following is recommended:

1. ADAMHA and its Institutes immediately develop initiatives for advancing their responsiveness to the alcohol, drug abuse, and mental health needs of each and all racial minorities; American Indians/Alaska Natives, Asian Americans/Pacific Islanders, Blacks, and Hispanics. These initiatives should include a report on the status of current goals and objectives related to racial minority alcohol, drug abuse, and mental health needs, implementation plans, as well as processess for the formulation of future plans. The initiative must specifically address the following:

   a. Immediate appointments of racial minority members to advisory councils, committees, and Initial Review Groups (IRGs) and an expanded appointment criteria to allow for the inclusion of professionals and consumers not in the mental health field, but who have demonstrated experience in the field;

   b. Appointments of racial minority persons to policymaking positions until their numbers reflect at a minimum, racial minority representation proportional to their percentages of the general population;

   c. A systematic method for ensuring the equitable awarding of contracts to minority contractors;

   d. A systematic method to ensure funding to racial minority programs or programs having demonstrated their responsiveness to racial minority communities and special grants for staff development and consultation for programs focusing on racial minority alcohol, drug abuse, and mental health needs;

e. A systematic method which will ensure that policy formulation incorporates racial minority input and promotes action in meeting the needs of racial minorities; and

f. Provide for the systematic review and monitoring of these plans by the Minority Advisory Committee.

2. ADAMHA monitor more aggressively affirmative action with the Administration, its Institutes, and among its contractors. The monitoring process should include the following provisions:

a. For the purpose of evaluating the Administration's commitment to monitoring affirmative action, MAC be provided with a list of Institute programs and contractors which are currently not in compliance with civil rights regulations or have records containing civil rights complaints;

b. Funds be withheld from state programs that do not strictly comply with civil rights laws or regulations;

c. EEO offices throughout ADAMHA be upgraded and provided sufficient authority to function effectively without reprisals or the threat of reprisals; and

d. The Secretary, Department of Health, Education, and Welfare (DHEW), take appropriate steps to reverse the Peele decision which gravely threatens the future of affirmative action and the appropriate treatment of racial minorities and racial minority legal assistance be utilized in this endeavor.

3. The ADAMHA Inter-Agency Task Force created to review the report on the President's Commission on Mental Health (PCMH), include participation from the four major racial minority groups in the staffing, Policy Overview Group, and as advisors or consultants to the Task Force process and that the recommendations and methods of implementation developed by the special minority subpanel of the Commission be included in the report.

4. The NIMH, Center for Minority Group Mental Health Programs be provided a budget sufficient to ensure equitable and proportionate levels of support to carry out its responsibilities and functions for all racial minority groups.

5. Policy be developed to ensure accountability of the single-state agency funding system. Hiring in these agencies should reflect the racial minority population predominant in that area, and bilingual/bicultural personnel should be employed where appropriate.

6. NIAAA and NIMH not adopt the state services contract funding mechanism used by NIDA. This stems from the concern that the states have been more removed from community needs than the Federal Government.

7. The term "minority" be exclusive of people who have not shared in the historical experience of oppression in the United States, and therefore, the Office of Management and Budget's memorandum of May 12, 1977, Circular No. A-46, Transmittal Memorandum No. 6, be rescinded and replaced with definitions that are acceptable to all groups that are affected.

The Minority Advisory Committee, ADAMHA

The Minority Advisory Committee has the responsibility for ensuring that conference recommendations are acted upon. To enable the Minority Advisory Committee to fulfill its duties and functions, the following recommendations are made:

1. The following steps be taken by the Secretary, DHEW and the ADAMHA Administrator to assure the continuity and effectiveness of MAC:

   a. The six members of MAC whose terms expire on June 30th be extended. Consideration be given to appointing an additional Hispanic to reflect better the proportion of Hispanics in this country;

   b. MAC have its own staff in addition to existing staff support from ADAMHA, and more specifically, that the staff level be a minimum of two professionals and three support persons;

   c. Steps be taken to ensure the re-chartering of MAC before its present charter expires in February 1979; and

   d. MAC be positioned within the reorganized administration at a level of greatest effectiveness, with direct access to the Office of the Administrator.

2. The Administrator utilize MAC in the selection process of the Director of NIDA and consult with MAC on all major appointments made within ADAMHA.

3. MAC be recognized by the Administrator as a channel through which racial minority groups can refer racial minority applications for Initial Review Groups (IRGs) and advisory council membership appointments, and that the Administrator provide quarterly progress reports on this process to MAC.

4. At least one MAC member be appointed to the DHEW Implementation Task Force on the President's Committee on Mental Health recommendations.

5. MAC have the opportunity to review and ensure the appropriateness of plans developed by the Institutes regarding racial minority alcohol, drug abuse, and mental health needs.

6. At each regional level, an official Minority Advisory Committee be established to provide a structural mechanism for input to the regional offices and the Minority Advisory Committee, ADAMHA.

7. MAC encourage the development of intensive educational programs within NIAAA and NIDA for developing citizen participation in planning, monitoring, and evaluating, using the guidelines developed by the Citizens Participation Center (NIMH) as a model.

8. MAC sponsor an alcohol, drug abuse, and mental health conference on an annual basis, with the goal of developing great responsiveness within ADAMHA and its Institutes to racial minority human needs.

Treatment Issues

In light of the growing numbers of racial minority people in this nation, and given the increased acceptance within the dominant culture of the significance of one's "roots", ADAMHA should provide leadership in the development of multi-cultural treatment methods as the alcohol, drug abuse, and mental health treatment strategy of the 1980's. Therefore, it is recommended that:

1. Programs or pilot projects which propose to use substances of abuse in the treatment of drug addiction not be funded:

2. Each of the Institutes develop initiatives for promoting services to racial minority communities which relate to their historical and cultural backgrounds, and that specifically, these initiatives include:

   a. The development of service delivery models which integrate the ethnic/racial values and support systems of racial minority communities with traditional treatment modalities; and

   b. The development of multi-service centers which provide alcohol, drug abuse, and mental health services focusing on the family unit and community support networks relevant to each racial minority group.

3. A monitoring procedure be developed for any funded innovative service program which purports to address racial minority people to ensure that these programs include racial minorities in administrative, policy/advisory, and service positions.

4. A comprehensive investigation by teams directed and staffed by racial minorities be conducted of all ADAMHA funded programs purporting to service racial minorities in order to assess the quality and quantity of services.

5. Specific incentives be developed to ensure program linkages and integration of services between migrant health centers, community mental health centers and other health related service providers.

Prevention Issues

Prevention, a service intervention strategy which has the potential for improving the health of all people in our society, has not been sufficiently supported by policy or funding. Racial minorities in particular are especially in need of additional community-based prevention programs. Therefore, it is recommended that:

1. ADAMHA develop a comprehensive list of racial minority prevention specialists to include; consultants, researchers, practitioners, and advisors who could contribute to the prevention strategy of ADAMHA.

2. ADAMHA and its Institutes immediately promote racial minority prevention programs which would:

   a. Develop preventive strategies relevant to socio-cultural factors for implementation by state, county, and local mental health programs;

   b. Develop prevention materials relevant to each particular racial minority community, appropriately designed in the languages and "dialects" of the various monolingual and bilingual racial minority communities;

   c. Develop training programs in prevention for treatment personnel based upon the conceptual theory and practical skills relevant to racial minority and socio-economically oppressed people; and

   d. Develop specific "coping/survival" skill curricula applicable to each racial minority group in primary and secondary education levels.

3. ADAMHA provide MAC with a report on the current status of ADAMHA's efforts to ensure relevant prevention for racial minorities.

4. ADAMHA initiate the drafting of legislation which would require ten percent of Community Mental Health Center (CMHC) funds to be utilized for primary prevention programs and public health strategies.

Manpower Issues

The major alcohol, drug abuse, and mental health personnel problems do not stem from inadequate numbers of trained individuals. More precisely, it is a problem of general maldistribution, and inadequate numbers of alcohol, drug abuse, and mental health practitioners serving racial minorities in poor urban and rural areas. This analysis is consistent with the Report of the President's Commission on Mental Health and with the Report of the ADAMHA Manpower Analysis Task Force. Discriminary underrepresentation of racial minority alcohol, drug abuse, and mental health practitioners is unjust to the people in need of relevant services. As a result of this underrepresentation of racial minority human service providers, fewer relevant services can be rendered, fewer racial minority practitioners can influence the development and refinement of service technologies appropriate for racial minority populations, and fewer practitioners can influence the development of policies sensitive to racial minority needs. To address these needs, it is recommended that:

1. ADAMHA develop a data collection system plan for recipients of funds from ADAMHA and its Institutes which will generate the data necessary to analyze racial minority manpower development within alcohol, drug abuse, and mental health areas, and for monitoring compliance with affirmative action guidelines.

2. ADAMHA develop a plan to use racial minority alcohol, drug abuse, and mental health data to monitor compliance of ADAMHA programs and contractors, including all federally supported university training programs to which present affirmative action guidelines can be applied. A report listing all programs and contractors in non-compliance, and a subsequent plan developed in which

specific actions are outlined to ensure enforcement of Titles VI and VII of the 1964 Civil Rights Act should be an immediate goal.

3. ADAMHA incorporate into its manpower plans, as first priority, the development of racial minority alcohol, drug abuse, and mental health manpower by:

   a. The development of a national program to provide career opportunity information and summer and part-time internships in order to recruit high school students into the alcohol, drug abuse, and mental health fields; and

   b. The expansion of existing scholarship programs for racial minority students in the social, behavioral, and biomedical sciences.

4. ADAMHA increase its support and technical assistance in the development of multi-cultural curricula training models and community-centered training programs which place racial minority trainees in alcohol, drug abuse, and mental health facilities serving racial minority communities.

5. ADAMHA develop a plan for supporting the development of curricula, educational materials, and training formats which enhance multi-cultural and socio-economic sensitivity and improve bilingual/bicultural understanding among racial minorities and groups within the dominant culture.

6. ADAMHA initiate the development of leadership programs, planned and administered by racial minorities to train racial minorities in alcohol, drug abuse, and mental health, administration, policy development, and community organization.

7. The Secretary, DHEW and the Administrator, ADAMHA state their firm commitment to affirmative action in undergraduate schools, graduate schools, and medical schools.

8. ADAMHA explore the development of uniform standards for certification and licensure at the national level for both academically and experientially trained alcohol, drug abuse, and mental health workers.

9. ADAMHA sponsor a conference of alternative healing advocates to provide direction and recommendations for advancing the use of alternative healers and alternative healing arts within the programs of each Institute.

Research Issues

The human needs of racial minority people in the alcohol, drug abuse, and mental health service areas will never begin receiving adequate attention until racial minority people have the opportunity to articulate their own needs and explore methods for meeting these needs. Available data is not sufficient to develop programs which can most efficiently and effectively service racial minorities. Therefore, it is recommended that:

1. ADAMHA develop a data system which would collect ethno-specific epidemiological and demographic data corresponding to national, regional, and local racial minority needs. ADAMHA to be a data resource for needs assessment projects and all other studies focusing on the alcohol, drug abuse, and mental health needs of racial minorities.

2. ADAMHA and its Institutes develop a plan to:

   a. Increase the number of racial minority alcohol, drug abuse, and mental health researchers;

   b. Ensure that the number of racial minority research projects minimally reflect the racial minority population of the U.S.; and

   c. Develop a systematic procedure for monitoring agencies which accept funds to research racial minority issues.

3. A minority research task force be formed to evaluate the current grant criteria to ensure its sensitivity and commitment to ethno-cultural concerns. This task force also to emphasize the need for specific areas of racial minority research within the following categories which warrant attention:

   a. Descriptive studies (e.g., the prevalence and incidence of mental disorder by racial group);

b. Needs assessments;

c. Systematic research (e.g., the deleterious effects of institutional racism);

d. Research on cultural norms (e.g., socio-cultural definitions of stress);

e. Applied research;

f. Policy evaluation; and

g. Program evaluation.

Reports by this task force would provide ADAMHA direction in determining minority research and service needs.

Racial Minority Group Issues

The four major racial minority groups: Asian American/Pacific Islander, Black, Hispanic, and Native American all have problems which are both unique to their specific groups and which transcend the lines of color. In response to identified concerns and problems, it is recommended that:

1. ADAMHA provide each racial minority group with the financial resources necessary to support communication and liaison with MAC to enable the Committee to responsibly carry out its role of identifying concerns, developing recommendations, and establishing implementation strategies to meet the needs of each racial minority group, and to optimally respond to the needs of racial minority communities.

2. An ADAMHA task force immediately meet with representatives of the American Indian community to investigate a process for implementing the following recommendations:

   a. That a mechanism be developed by DHEW which would channel resources to the American Indian and Alaskan Native populations, and that ADAMHA guidelines for the funding of projects focus on specific American Indian and Alaskan Native concerns as opposed to priorities set on the national level;

   b. That the Bureau of Indian Affairs/Indian Health Service (BIA/IHS) be recognized as a "state" which could administer DHEW/ADAMHA programs for tribal organizations;

   c. That ADAMHA identify the BIA/IHS service areas as "catchment areas" as defined by ADAMHA;

   d. That ADAMHA set aside 1½% of all relevant DHEW programs for American Indian/Alaskan Native needs;

   e. That NIMH develop a mechanism for funding the proposal submitted to them on February 14, 1978 by IHS Mental Health Programs calling for 1.5 million dollars for Indian mental health needs. An amendment requesting an additional 1.5 million dollars for urban Indian programs should also be supported; and

f. That full funding of PL 94-437, the Indian Health Care Improvement Act, be authorized in FY '79 and FY '80 including all mental health and alcohol specific programs, such as Community Mental Health Services, the Children's Diagnostic and Treatment Center, regional in-patient psychiatric units, Indian alcohol and drug abuse programs.

3. Hispanic data representation be substantially increased with data-gathering divisions broken down according to the five Hispanic groupings: Chicanos; Island Puerto Ricans; Mainland Puerto Ricans; Cubans; and other Latin Americans.

4. Guidelines for the implementation of ADAMHA programs in bilingual communities should reflect the linguistic needs of the community, and the ADAMHA Administrator should support bilingual education and bilingual service requirements for all appropriate alcohol, drug abuse, and mental health programs.

III. ISSUE WORKSHOPS

Ten areas of major concern were identified as issues to be addressed at the conference. The issue areas were:

1. Treatment
2. Factors/Variables
3. Research
4. Manpower
5. Other Manpower Resources
6. Accreditation
7. Prevention
8. Non-Metropolitan Communities
9. Socioeconomic Factors
10. Institutionalization/Deinstitutionalization

Papers were prepared on each of the issues by leading authorities. These papers included discussion of:

- Major studies conducted in the specified area,
- The findings of such studies,
- How such findings could be utilized in the development of action-oriented recommendations and strategies,
- How the issue related to Asian Americans, Blacks, Hispanics and Native Americans, and
- Recommendations and implementation strategies to assist in the accomplishment of the conference objectives.

Each Issue Workshop consisted of 15-20 participants, a Minority Advisory Committee member as a facilitator, a Federal Resource Person to provide assistance as to Federal programs and regulations and the writer of the

background paper as a resource person for the designated issue. Using the prepared papers as a resource, participants analyzed and discussed the issue and developed recommendations to assist the Minority Advisory Committee in fulfilling its duties.

The following section includes a list of participants and recommendations of each Issue Workshop.

TREATMENT WORKSHOP

BACKGROUND PAPER: "Trying to Make it Real: Issues and Concerns in the Provision of Services for Minorities"

Participants

MAC MEMBER: James T. Robinson, Jr.

RESOURCE WRITER: June J. Christmas, M.D.

FEDERAL RESOURCE: Ruth Sanchez-Dirks, Ph.D.

Frances Brisbane, Ph.D.
John L. Emery, Sr.
Shelia Gardner
Edward Grant
James Harper
Sharley Lee
David Liberman, Ph.D.
Arnold R. Mills
Nayda Negron
Steven P. Shon, M.D.

Recommendations

1. ADAMHA and its three Institutes should make tangible efforts to assure that the rights of the four racial minority groups are recognized and protected when it comes to: establishing policy; funding programs; awarding contracts; appointing members of councils, committees and IRGs, etc., including recovering former consumers and present consumers; appointment of racial minority persons to positions, e.g., Directors of the Institutes, etc.

2. The treatment of racial minority group members should be allowed to relate to their historical cultural realities.

3. The funding mechanism used by NIDA, statewide services contracted to single state agencies, is not acceptable and should not be used by NIAAA and NIMH.

4. ADAMHA should develop a racial minority initiative including goals, objectives and time lines to be implemented within three years. The Administrator, ADAMHA should require Institute directors to implement the plan and the Minority Advisory Committee should be used to monitor the progress of the plan and report to its constituency the progress.

5. Programs or pilots that propose to use substances of abuse such as heroin for treatment of drug addiction should not be funded.

6. MAC must have its own staff in addition to staff support from ADAMHA because of the seriousness of the issues being considered and the volume of work involved.

7. ADAMHA and its Institutes must utilize better monitoring procedures to assure that no state or program that does not strictly comply with civil rights laws receives funds.

8. There is deep concern over the instability of the Institutes' presently funded programs, such as the Community Mental Health Center programs.

ADAMHA and its Institutes should work harder for stability and continuity of programs delivering valid services whether they are community or institutionally based.

9. Follow-up regional meetings to this ADAMHA sponsored conference should be held and funded by ADAMHA. There should be a national conference annually.

10. Training money for research and recruitment for minority scientists and clinicans should be made available in order to improve service delivery systems, program accessibility, and program management.

11. The recommendations in the workshop paper, "Trying to Make it Real: Issues and Concerns in the Provision of Services for Minorities," should be supported.

12. The formula grant authority should be repealed and appropriated funds should be reappropriated to project grant and contract authority with priority funding given to racial minorities.

FACTORS/VARIABLES WORKSHOP

BACKGROUND PAPER: "Close Encounters of the Worst Kind: The Mental Health Care of Minorities"

Participants

MAC MEMBER: Bobby E. Wright, Ph.D.

RESOURCE WRITER: Floyd H. Martinez, Ph.D.

FEDERAL RESOURCE: Betty Jean Lee

Helen Bethel
Barbara M. Bond, Ph.D.
Richard F. Cummings
Florentino Elcarte, Ph.D.
Jacquelyn Hall
Roy M. Hirabayashi
Jackie Jenkins
H. Alice Lowery
Delores Parron, Ph.D.
Ernesto Suazo
Jeremiah J. White, Jr.

Recommendations

1. The term "minority" should be exclusive of peoples who have not shared in the historical experience of oppression in the United States, and therefore the Office of Management and Budget's memorandum of May 12, 1977, Circular No. A-46, Transmittal Memorandum no. 6, should be rescinded and replaced with definitions that are acceptable to all groups that are affected.

2. MAC should be used as one of the conduits in which racial minorities and minority groups can channel racial minority applications to the Administrator, ADAMHA for IRGs and advisory council membership throughout the ADAMHA structure. Further, the Administrator should give quarterly progress reports on this process to MAC.

3. The Secretary, DHEW should implement the appointment or reappointment of MAC members by July 1, 1978.

4. At least one MAC member should be appointed to the DHEW Implementation Task Force on the President's Commission on Mental Health Recommendations, and a process should be developed whereby the task force can make extensive use of racial minority consultants.

5. A subcommittee of MAC should hold an immediate meeting with the newly appointed Director of NIMH in order to appraise that person of the concerns of racial minority communities.

6. It should be conveyed through the Administrator, ADAMHA to the Secretary, DHEW regret that he could not find a minority willing to head NIMH, especially given the public pronouncement that there is a concerted effort to increase the representation of minorities at the policy making level. It is strongly recommended that the Secretary find an acceptable racial minority to head NIAAA.

7. There should be diverse racial minority staff in significant numbers hired throughout the ADAMHA structure, especially at the senior level.

8. The DHEW Task Force on Implementing the President's Commission on Mental Health Recommendations should include racial minorities, racial minority representatives from community organizations, and representatives from other departments, e.g., Housing and Urban Development, Labor, Agriculture, Justice, because this process will effect the entire quality of life for racial minorities and thereby broaden minority mental health service delivery systems.

9. The Administrator, ADAMHA should support the upgrading of Equal Employment Opportunity (EEO) offices throughout the ADAMHA structure and assume responsibility for their being able to function effectively without reprisals or the threat of reprisals. Further, in view of the concerns of employees of the ADAMHA, we recommend to the Administrator, ADAMHA that MAC become an integral component of the EEO Officer selection process.

10. The implementation of the decentralization of services by ADAMHA should be halted until racial minorities have had an opportunity to examine and approve the process.

11. The Administrator, ADAMHA should give a top priority rating with appropriate resource support to MAC in order to develop and distribute a newsletter.

RESEARCH WORKSHOP

BACKGROUND PAPER: "Ethnic Minority Research: Trends and Directions"

Participants

MAC MEMBER: Mark A. Quinones, Ph.D.

RESOURCE WRITER: Stanley Sue, Ph.D.

FEDERAL RESOURCE: Marion E. Primas

Velvia M. Garner
Thomas C. Harford, Ph.D.
Leo E. Hendricks, Ph.D.
Janice Kekahbah
William T. Lui, Ph.D.
Esteban Olmedo, Ph.D.
Gilbert R. Parks, M.D.
Al Pooley
Bob Ramirez
Ambrose Rodriguez
Beatrice R. Treiman
Ming T. Tsuang, M.D.

Carolyn White

Recommendations

1. There is a paucity of valid ethno-specific epidemiologic and demographic data which accurately depicts the plight of racial minority populations in relation to alcohol, drug abuse and mental health.

   To address this problem:

   (a) ADAMHA should develop mechanisms for the collection of the above kind of data and this data should be collected at national, regional, local and community levels;

(b) There should be active racial minority participation in the designing and monitoring of the data collection system;

(c) ADAMHA should act as a clearinghouse and make relevant data easily available to racial minority researchers and this data once collected should be utilized for needs assessments and interpretations of the concerned racial minority populations; and

(d) ADAMHA, in keeping with the recommendations of the PCMH should create within ADAMHA a central data retrieval system.

2. There is a lack of adequate racial minority representation at all policy making levels of ADAMHA and its Institutes. ADAMHA and its Institutes also fail to provide adequate research training opportunities for the racial minority populations.

To address this problem:

(a) There should be substantially increased racial minority representation at policy making levels within ADAMHA and its Institutes;

(b) There should be substantially increased funding specifically designated for training racial minority researchers;

(c) There should be instituted a more systematic means of monitoring agencies which accept funds specifically designated for training of racial minority researchers;

(d) There should be establishment of the Minority Access to Research Centers (MARC) (NIMH model) in all three Institutes; and

(e) MAC should establish the appropriate networks and encourage them to follow through with this plan at all governmental and administrative levels.

3. There is a need for innovations in present trends and methodologies. There are further concerns from this conference group that ADAMHA give special attention to the following questions:

-- Who will do racial minority group research?

-- What populations should be studied?

-- How will the research designs be constructed?

-- What methods will be used?

-- Should the focus be prevention, treatment or both?

-- What are the beliefs and attitudes of the power structure and the administrative personnel in regard to problems of the racial minority populations?

-- What kind of research will be given funding priority?

To address these questions it is recommended that ADAMHA:

(a) Carefully scrutinize the present racial composition of the IRGs; and

(b) Ask for increases in the following:

-- Descriptive studies (definitions of racial minority group, mental disorders, incidence and prevalence by ethnic groups);

-- Needs assessment (demand vs. needs, by whom and why, cost/benefit);

-- Systemic research (identify systems which perpetuate existing racial minority problems);

-- Normative-cultural research (definition of stress, race/ethnicity); and

-- Applied research.

MANPOWER WORKSHOP

BACKGROUND PAPER: "Public Policy and Minority Health Manpower: Linking Alcohol, Drug Abuse and Mental Health Needs to Manpower Resources"

Participants

MAC MEMBER: Lawrence K. Koseki, D.S.W.

RESOURCE WRITER: Theodis Thompson, Ph.D.

FEDERAL RESOURCE: William H. Denham, Ph.D.

Edward Alderette
Carmen L. Boutet
Lemuel B. Clark, M.D.
John N. Krzemien
Elaine Matthews
Carmen Ochoa
Lyda S. Peters
James R. Ralph, M.D.
Louis A. Ramey
Jeanne Spurlock, M.D.

Recommendations

1. The priority placed on minority personnel development in the recently released report of the President's Commission on Mental Health is a policy statement of major significance to the major racial minority constituencies. How this policy is implemented or operationally defined in terms of program and funding is an issue of paramount concern to racial minorities.

The Secretary, DHEW has assigned lead agency responsibility for developing implementation plans and strategies to ADAMHA. ADAMHA is in the process of establishing an Inter-Agency Implementation Task Force whose mission is to develop specific proposals intended to impact the FY '80 legislative and budgeting processes.

To address this the Administrator, ADAMHA should take immediate action to:

-- Insure participation from the four major racial minority groups in the staffing of the Task Force;

-- Insure racial minority participation in the policy overview group of the Task Force; and

-- Insure the input and participation of the major racial minority groups as advisors or consultants to the Task Force process.

2. The paper prepared by Theodis Thompson, Ph.D., entitled "Public Policy and Minority Health Manpower: Linking Alcohol, Drug Abuse and Mental Health Needs to Manpower Resources," should be used by ADAMHA as a working document to develop racial minority alcohol, drug and mental health manpower development programs.

3. ADAMHA and its three Institutes should collect, analyze and disseminate statistics and data on race, country of origin, ethnicity and sex of their employees, administrators and appointed officers. The statistics should also cover:

-- Grant and contract recipients;

-- Service clients/beneficiaries including fellowship/scholarship recipients; and

-- Peer review bodies, IRGs and other grant review/award systems.

4. ADAMHA's racial minority manpower policy should incorporate mechanisms to insure responsiveness and accountability to meet racial minority manpower goals, e.g., to increase racial minority manpower resources.

5. ADAMHA's racial manpower policy must relate job training and development programs to meeting existing unmet service needs in the racial minority communities.

6. Racial minorities must be hired in top policy making positions to influence and improve racial minority manpower planning in ADAMHA.

7. Racial minority consumers should be involved in the development of all manpower goals and policies.

8. Minority manpower policies should include, in addition to traditional disciplines, special areas/levels such as "policy/leadership", clinical services, research and "nonprofessional".

9. Although the PCMH points out the shortage of minority manpower in mental health, ADAMHA should also concentrate on racial minority manpower development within NIDA and NIAAA.

10. ADAMHA should issue guidelines to monitor, with racial minority participation, state and regional offices' manpower policies and goals as they related to racial minorities.

11. ADAMHA should establish immediately a special organizational unit with adequate staff to follow through with the suggested recommendations of the Manpower Workshop, as well as others emanating from this conference. Every effort should be made to utilize qualified racial minority staff.

12. ADAMHA through the Office of the Administrator should report quarterly to MAC and other significant organizations its progress on these recommendations.

13. ADAMHA should sponsor a semi-annual event through which racial minority organizations and leadership can interact to identify problems/issues and seek solutions.

14. ADAMHA should immediately act to insure minority representation and input to the Inter-Agency Task Force charged with the implementation of the PCMH recommendations.

15. Concurring with the PCMH findings that "racial minorities remain greatly underrepresented in mental health disciplines", ADAMHA should begin immediately to address this shortage of racial minority alcohol, drug abuse and mental health (ADM) personnel. It is recommended:

    -- That ADAMHA, through existing and necessary new programs, significantly increase the number of fellowships and scholarships available for racial minority graduate and medical students; and

    -- That ADAMHA develop a national recruitment campagign aimed at providing alcohol, drug abuse and mental health career opportunity information to racial minority high school and college students.

16. With strong emphasis on the critical value of bicultural, bilingual and multiethnic understanding in the delivery of alcohol, drug abuse and mental health service products, it is recommended that ADAMHA support the development of curricula, other educational materials and training experiences which enhance multi-racial/-ethnic sensitivity and improve bilingual/bicultural understanding.

17. Given the lack of committed responsiveness by many federally funded university affiliated training programs to racial minority training and services needs, ADAMHA should:

    -- Begin immediately the close monitoring of grantees adherence to and/or compliance with affirmative action guidelines;

    -- Provide increased financial support and technical assistance to minority institutions with alcohol, drug abuse and mental health training programs; and

    -- Provide increased financial support and technical assistance to university affiliated training programs which place both minority and nonminority trainees in alcohol, drug abuse and mental health facilities serving minority communities; and require community involvement in the planning and development of such training and related service activities.

OTHER MANPOWER RESOURCES WORKSHOP

BACKGROUND PAPER: "Native Perspectives on Alcoholism, Drug Abuse and Mental Health: Healing in a Cultural-plural Context"

Participants

MAC MEMBER: Roberto Vargas

RESOURCE WRITER: Dorothy L. Miller, D.S.W.

FEDERAL RESOURCE: Joy G. Schulterbrandt

Doris L. Banks
Jacob Collins
Earnest Ficco
Lupe M. Gonzalez
Carl Matthews
Bea Medicine, Ph.D.
Edwin J. Nichols, Ph.D.
Duane Silverstein
George K. Woo, Ph.D.

Recommendations

1. All Institutes must support programs in training, research, and treatment which have alternative healing methods within the context of belief systems of other cultures.

2. New research programs must be developed to study alternative healing arts because current research models based on white European scientific methods are translated into the deficit model.

(a) IRGs should include 2/3 racial minority representation (specifically including native healers or their advocates); and

(b) Service awards must include native healers and non-Ph.D.s.

3. Specific policies must be developed and implemented to sensitize staffs of the Institutes and representatives of IRGs to the validities of alternative healing methods.

4. ADAMHA must develop a specific plan to be monitored by MAC, for supporting native healing arts.

5. A conference of native healers and their advocates must be sponsored to determine how best to advance the support of alternative healing systems.

(a) The proceedings of this conference must be published and distributed to all appropriate persons such as, policy makers, researchers, and alternative health system advocates.

6. MAC must support and implement new research paradigms to study alternative healing arts, and monitor the subsequent research and researchers.

7. ADAMHA must provide funding and staff for MAC to maintain an informed constituency and to advocate racial minority issues.

ACCREDITATION WORKSHOP

BACKGROUND PAPER: "Implications of Licensure, Certification and Credentialling for Minority Providers"

Participants

MAC MEMBER: Dorothy J. Chu

RESOURCE WRITER: Dalmas A. Taylor, Ph.D.

FEDERAL RESOURCE: George White

Charles Austin
Mae Culp
John Farrell
Priscilla H. Gallegos
Irma Lopez-Kraimer
Kenneth Ling
Louis B. Mathis
Frank J. Mims
John A. Noble
Fleetwood Roberts, Jr.
Carl A. Scott
Gerald M. Vasquez
Ron Wakabayashi

Recommendations

1. Alternatives to educational institutions should be fostered (with work-life experience, bicultural and bilingual considerations) for the creation of processes for certification and licensure so that nondegree workers are recognized on the same level of competency as those with a degree.

2. ADAMHA should develop, review, and sanction uniform standards (guidelines) for certification and licensure at the national level, and encourage states to adopt these standards in relation to alcohol abuse, drug abuse and mental health workers.

3. ADAMHA should form a task force to review new certification and licensure procedures appropriate to M.A., B.A., A.A., G.E.D., and nondegree alcohol abuse, drug abuse and mental health workers.

   (a) This task force should consider work-life experience, and bicultural, bilingual aspects; and

   (b) The composition of the task force should be representative of M.A., B.A., A.A., G.E.D., and nondegree workers.

4. MAC should review, evaluate and make recommendations to ADAMHA (pending allocation of resources) regarding previous studies of certification and licensure based on levels of competency.

5. Efforts should be made to increase training opportunities for racial minorities that will lead to larger numbers of individuals qualifying under traditional licensure requirements. Presently five professional associations (nursing, psychiatry, psychology, social work, and sociology) have fellowship programs designed to achieve this goal. These programs are in danger of being phased out after a six-year life.

6. Inasmuch as some racial minority health service providers will qualify for licensure and certification, it is also important that they qualify

for third-party payments through Blue Cross/Blue Shield and other health insurance plans. Without this access, the public interest of racial minorities will not be served. Support of House and Senate bills which provide for insurance coverage for health service providers in professions other than medicine and psychiatry should be supported and encouraged.

7. Increasing emphases on continuing education provide an opportunity to achieve accreditation and certification of nontraditional approaches to health service delivery. We should explore ways to achieve "continuing education credits" for experienced nontraditional providers that will lead to qualification for licensing.

8. It is presently proposed that the Center for Minority Group Mental Health programs be elevated to divisional status. Since the Minority Center is currently providing the largest single measure of support for racial minority training and research in mental health, independent divisional status would tremendously advantage the racial minority professional community. This conference should go on record as supporting divisional status for the Minority Center. Further, we encourage the Minority Center to support investigations in nontraditional styles and approaches to health service delivery.

PREVENTION WORKSHOP

BACKGROUND PAPER: "The Future of Prevention: Extinction, or Expansion?"

Participants

MAC REPRESENTATIVE: Brenda G. Hewitt

RESOURCE WRITER: Carmen Carrillo, Ph.D.

FEDERAL RESOURCE: Phillip Dawes

Ramis Anajo
Paige Kawelo Barber
James Caldwell
Mildred S. Cannon
Robert D. Carrillo
Rhetaugh G. Dumas, Ph.D.
John L. Garcia
Roland Garcia, Ph.D.
Walter S. Jackson
Lucy Joseph
Charlene Doria Ortiz
Ignacio Rodriguez, Jr.
Shakura A. Sabur
Gussie Simmons
Lois Whitley
Sid Wolverton

Recommendations

1. There should be an increase in American Indian, Black, Hispanic, Asian American and Pacific Islanders input through representation at the Council level.

2. Racial minority input should be increased through representation at the Review Council level.

3. Minority prevention specialists should be identified, so as to utilize their expertise as consultants, researchers and practitioners.

4. ADAMHA should be accountable for linkages to programs developed by racial minority communities. Recognition of such models will improve communication and quality.

5. There should be an increase in budget allocations for community based prevention to 10% (from 1-2%) with 80% allocated to racial minority populations, who are at greatest risk in this society. Prevention should be a line item budget, consistent with recommendations of the President's Commission on Mental Health.

6. Coordination among the three Institutes should be improved to minimize duplication of effort in areas such as training, prevention planning, program development and evaluation, and technical assistance.

7. Affirmative action must be adhered to in the following areas:

   (a) Hispanic representation on:

   -- Review Committees;

   -- Institute Councils; and

   -- Staff at policy making levels at ADAMHA.

   (b) Accountability of single-state agency systems in hiring to reflect racial minority populations predominant in that area; bilingual/bicultural personnel should be actively recruited.

(c) Staffing patterns of grantees should reflect the racial minority population predominant in that area.

(d) Immediate implementation of affirmative action in the three Institutes:

-- Prevention division to reflect affirmative action; and

-- Prevention component in each Institute.

(e) Translation of prevention materials is insufficient and therefore cultural content of models and support materials should be appropriate for populations being addressed.

(f) Research funds should be allocated to identify monolingual, non-English speaking populations at risk and to develop appropriate prevention models.

8. ADAMHA legislative staff should consult with MAC for input and recommendations relating to racial minorities on prevention issues.

9. Prevention concerns should be represented in the composition of MAC at all times by having a member who is a prevention specialist.

10. MAC should publish a regular column in the ADAMHA newsletter to disseminate information to racial minority professionals and communities.

11. MAC should balance its representation to reflect drug abuse and alcohol expertise.

12. All positions should be promptly filled for MAC, with MAC adhering to recommendations made by conference participants.

13. Special prevention concerns with recommendations:

(a) Conceptual models promoted by ADAMHA are monolithic, insensitive and inapplicable to racial minority communities;

(b) Treatment personnel need training in prevention;

(c) Methodologies applicable to racial minority groups must be developed, refined, disseminated;

(d) Evaluation strategies for community based programs should be developed;

(e) A pool of racial minority researchers and evaluators should be identified and utilized to provide technical assistance to community based programs;

(f) Primary prevention training programs should be promoted, with training opportunities available to members of racial minority groups;

(g) Health care and human sciences providers should be trained in primary prevention;

(h) The Federal government should take leadership in prevention as policy and not limit its involvement to funding;

(i) Adequate support and funding for the evaluation of community based programs is needed; impact cannot be measured in short time periods;

(j) Primary prevention populations at greatest risk in minority communities are:

-- People in developmental life crises;

-- Monolingual non-English speaking groups; and

-- Parents, particularly of disabled children.

NON-METROPOLITAN COMMUNITIES WORKSHOP

BACKGROUND PAPER: "Toward an Understanding of the Mental Health and Substance Abuse Issues of Rural and Migrant Ethnic Minorities: A Search for Common Experiences"

Participants

MAC MEMBER:	Dolores Finger Wright
RESOURCE WRITER:	Robert A. Ryan, Ed.D.
FEDERAL RESOURCE:	Douglas Black

Shirley Eagle
James A. Franklin
W. S. Hanna, Ph.D.
Davis Vincent Hill
Pat H. Luce
Lois M. Moore
Carlos F. Reyna
Morris J. Smith

Recommendations

1. There should be increased enforcement authority to insure racial minority participation in ADAMHA programs. This participation includes but is not limited to staff, recipients of service, advisory boards, and planning councils.

   (a) Racial minority guidelines for ADAMHA programs should be incorporated in Federal regulations to assure enforcement authority of state requirements of programs to meet the needs of racial minority clients.

2. The Administrator, ADAMHA, the Secretary, DHEW and key officials should take every opportunity to increase public awareness of racial minority rights to participate in all ADAMHA programs.

3. ADAMHA should develop innovative and incentive initiatives for its existing and new programs through rigorous efforts to create linkages and the integration of services with migrant health centers, community health centers, and other health service providers to assure effective outreach programs to meet the special needs of racial minorities in rural geographic areas.

4. ADAMHA must give particular attention to generate an increase of racial minorities seeking and receiving health care from public alcohol, drug abuse and mental health care providers. The future health care and prosperity of racial minorities should be the major focus of an incentive program designed to motivate racial minorities to seek help.

   (a) Incentives should also be provided to agencies which provide special emphasis programs for racial minorities inclusive of staffing patterns, affirmative action, outreach programs, policy boards, advisory committees, etc.

5. Special rules and/or waivers should be made for non-metropolitan/rural/racial minority applicants for ADAMHA programs.

6. The NIMH Center for Minority Group Mental Health programs should be elevated to the division level and comparable minority divisions should be established within NIDA and NIAAA.

7. Greater representation of racial minorities in the ADAMHA workforce should be mandated. Increased emphasis should be given to employing racial minorities in professional and policy making positions, i.e., in positions GS-15 and above.

8. In order to assure appropriate distribution of federal funds for alcohol, drug abuse and mental health programs in rural/non-metropolitan areas, ADAMHA should insure adequate representation of the various racial minorities representing these areas on all review committees and the National Advisory Councils on alcohol, drug abuse, and mental health.

9. It is recommended that DHEW, through ADAMHA, find a mechanism to channel their alcohol abuse, drug abuse, and mental health resources to American Indians and Alaskan Natives to assure that they are appropriately served on the basis of their special status and needs.

10. Racial minorities in general and rural racial minorities, specifically, need to be educated as to the importance of participating in the U.S. decennial census. Furthermore, importance must be stressed on accurate self-identification within census racial minority categories. Census data is the basis upon which most Federal and State governments devise formulas for allocation of federal dollars. Lack of continuity or

inaccurate self-identification results in the loss of millions of federal dollars.

11. MAC should be provided with the resources necessary to aid ADAMHA in the follow-up of the recommendations and implementation strategies resulting from this conference.

SOCIOECONOMIC FACTORS WORKSHOP

BACKGROUND PAPER: "Rich Man, Poor Man: Dynamics of Social Class in a Mythical Middle-class America"

Participants

MAC MEMBER: Phyllis Harrison-Ross, M.D.

RESOURCE WRITER: Joe Yamamoto, M.D.

FEDERAL RESOURCE: Charles Perrin

Mahlon Carrington
Angelita Garcia, Ph.D.
Herman W. Hemingway
Kenneth Howard
Mary Knipmeyer
Elva Ruiz-Lytle
Robert T. Murphy
George Outen
Canta Pian
Sherman L. Ragland

Recommendations

1. Research to be performed by appropriate racial minority researchers should be conducted in the following areas:

   (a) How, when, where, and how much does the technique, attitude and personal characteristics of the therapist contribute to the "dropping out of" or "staying in of" treatment programs by the patient?

   (b) How to differentiate and delineate the impact of social class versus minority status in relation to how these impact jointly and separately on the development of mental illness.

(c) The development of a public base of knowledge and instruments, i.e., literature reviews, epidemiological data, and training curricula, for all behavioral scientists on how to look at the development of mental illness as it relates to socioeconomic factors and racial cultural differences.

2. There should be development of "Clinical Research and Development Centers" to research issues in diagnosis, treatment, prevention, etc.

3. Research instruments should be developed to monitor programs that are run by predominantly white staff, but are funded to treat racial minorities.

4. Sociologically relevant instruments should be designed for use by the various disciplines. These instruments should be used to interview clients, plan treatment, etc., and should force therapists to address relevant socioeconomic and racial issues.

5. Systematic study, review and dissemination of racially specific treatment modalities such as, folk medicine and the use of adjunct therapists such as spiritualists or ministers should be conducted.

6. There should be a systematic review of all research and the grant review processes as they relate to racial minorities. This review should be monitored by MAC.

7. A racially acceptable cadre of persons from whom reviewers can be selected should be developed. (rather than random submission of names - or selection by persons to inexperienced to be effective reviewers)

8. Recognizing that racial minorities are treated poorly whether rich or poor, it should be assured that a minimum of 20% of the research funds go to racial minority researchers doing research on racial minorities.

9. There should be mechanisms to monitor state agencies and regional agencies as they develop their standards and health planning practices.

10. MAC should encourage the development of instruments and networks to monitor how all funds are spent.

11. MAC should support the development of racially relevant "coping" skills curricula for primary and secondary schools.

12. MAC should request a statement from the EEO Commissioner, the Attorney General, and the Secretary, DHEW as to how they will work with ADAMHA evaluators and monitors to evaluate programs according to the criteria that are developed in the research recommended above and enforce compliance.

13. MAC should insist upon the immediate instituting of intensive education programs for developing citizen participation in planning,

monitoring and evaluating. The guidelines developed by the Citizens Participation Center, NIMH, can be used as a start.

14. MAC should support the President's Commission on Mental Health in its recommendations pertaining to racial minorities.

15. MAC should recommend that each National Advisory Council have equal representation of racial minorities.

INSTITUTIONALIZATION/DEINSTITUTIONALIZATION WORKSHOP

BACKGROUND PAPER: "The Roles and Functions of the Process of Institutionalization and Deinstitutionalization in the Treatment of Alcoholism, Drug Abuse and Mental Illness of Minorities"

Participants

MAC MEMBER: George G. Effman

RESOURCE WRITER: Stanley H. Smith, Ph.D.

FEDERAL RESOURCE: Ana Anders

Paul Austin
Paul Bontemps
Alfred Burke
Herman Diesenhaus, Ph.D.
Frank E. Dowdell, II
Gerry Elder
Karen Litz
Charles W. Makins
Shallie B. Marshall
Alma V. Takata
Hazel P. Walter
Raul Yzaguirre

Recommendations

1. ADAMHA should establish guidelines to insure that alcohol, drug abuse and mental health state plans include provisions for preventing inappropriate institutionalization of racial minorities. There must be:
   (a) Recruitment and training of manpower sensitive to life styles of specific racial minorities;

(b) The establishment of an improved racial minority specific screening process in both state hospitals and in judicial systems; and

(c) Increased regional monitorship/enforcement.

2. ADAMHA should support and encourage community based rehabilitative programs tailored to individuals needs, and improve liaison with other Federal agencies, (Housing and Urban Development, Labor), state and local agencies.

3. Treatment should be sensitive to the specific needs of racial minorities, and there must be assurance of quality care (for example, through professional standards review organizations).

4. ADAMHA should develop broader guidelines to insure that a formal system of follow-up be developed and implemented to insure patients' successful re-entry into the community.

5. ADAMHA should insure that relevant data be collected to evaluate the effectiveness of total rehabilitation programs.

IV. MINORITY NETWORKS

Asian Americans, Blacks, Hispanics, and Native Americans, comprise the majority of America's racial minorities. The Alcohol, Drug Abuse, and Mental Health Administration has acknowledged that this segment of the population has concerns and problems which are often times overlooked or not considered when programs are developed or policy is established.

To assist the Minority Advisory Committee of ADAMHA in advising the Administrator of ADAMHA about the particular problems and concerns of the individual racial minority groups, Minority Network Group meetings were held during the conference to enable participants to discuss and assess problems and concerns which were of importance to their racial minority group.

The following section includes a list of the participants and recommendations of each Minority Network Group.

ASIAN AMERICAN MINORITY NETWORK

Participants

Paige Kawelo Barber
Dorothy J. Chu
Tommy Chung
Mae Culp
Roy Hirabayashi
Lawrence K. Koseki
Betty Lee
Sharley Lee
Kenneth Ling
Pat H. Luce
Faye Untalan Munoz
K. Patrick Okura
Canta Pian
Steven P. Shon
Stanley Sue
Alma Takata
Marge Yamada Taniwaki
Ron Wakabayashi
George Woo
Joe Yamamoto

Recommendations

1. The recommendations of the Asian American/Pacific Islander Report to the President's Commission on Mental Health should be implemented.

2. The ADAMHA Inter-Agency Task Force to implement the recommendations of the President's Commission on Mental Health should include representatives of the Asian American/Pacific Islander group.

3. The ADAMHA Inter-Agency Task Force should reconvene a special Asian American/Pacific Islander Task Force with representatives from the Asian American/Pacific Islander Sub-Panel on the President's Commission on Mental Health to monitor the implementation.

4. ADAMHA should include Asian American/Pacific Islander representatives from the alcohol and drug abuse fields in the mechanism utilized in implementing the recommendations of the President's Commission on Mental Health Report concerning alcohol abuse and drug abuse.

5. ADAMHA should inform Asian American/Pacific Islanders as to what has been its commitment in the past, and what will its commitment be in the future in regard to Asian American/Pacific Islanders; e.g., program, personnel, funding, etc.

6. MAC should be provided with sufficient resources (funds, staff, etc.) to ensure minority communities' input and feedback in the future, and to ensure that the functions of MAC are carried out.

7. Asian American/Pacific Islanders should be appointed to policy, decision-making positions in ADAMHA.

8. A division of Minority Mental Health should be created within NIMH.

BLACK AMERICAN MINORITY NETWORK

Participants

Charles Austin
Paul A. Austin
Doris L. Banks
Charles Berrin
Helen Bethel
Paul Bontemps
Marie Branch
Frances Brisbane, Ph.D.
Mildred S. Cannon
Mahlon Carrington
June Jackson Christmas, M.D.
Lemuel B. Clark, M.D.
Jacob E. Collins
Mitch Dasher, II
Phillip Dawes
William Denham, Ph.D.
Frank E. Dowdell, II
Rhetaugh G. Dumas, Ph.D.
Gerry Elder
John Farrell
James A. Franklin
Shelia Gardner
Vel Garner
Edward B. Grant
James Harper
Phyllis Harrison-Ross, Ph.D.
Herman W. Hemingway
Leo Hendricks, Ph.D.
Brenda G. Hewitt
Warren Hewitt
Davis Vincent Hill
Kenneth Howard
Ernest Hurst
Walter Jackson
Jackie Jenkins
James M. Jones, Ph.D.
H. Alice Lowery
Charles W. Makins
Shallie B. Marshall
Louis B. Mathis
Arnold R. Mills
Frank Mims
Lonnie E. Mitchell, Ph.D.
Lois M. Moore
Ron Moss
Robert T. Murphy

Edwin J. Nichols, Ph.D.
Gilbert R. Parks, M.D.
Delores Parron, Ph.D.
Lyda Peters
James R. Ralph, M.D.
Fleetwood Roberts
James T. Robinson, Jr.
Shakura A. Sabur
Carl A. Scott
Michael W. Simmons
Morris Smith
Stanley H. Smith
Jeanne Spurlock, M.D.
Dalmas A. Taylor, Ph.D.
Hazel Walter
Carolyn White
George W. White
Jeremiah White
Paul R. Williams
Shirley Williams
Bobby T. Wright, Ph.D.
Dolores Finger Wright

Recommendations

1. It is recommended that the Secretary, DHEW take a very strong stance opposing the funding by any federal agency through pilot programs, experimental programs, etc., proposals which support the use of heroin as a treatment for heroin addiction, and that he carefully monitor all proposals dealing with heroin.

2. There should be a continuation and expansion of graduate level, fellowship programs, funded by NIMH and administered by various professional associations which include trainees in psychiatry, psychology, psychiatric social work and psychiatric nursing who are planning clinical administrative and academic careers.

3. The Center for Minority Group Mental Health Programs, NIMH should be elevated to division status and it should be accorded an annual budget to carry out its responsibilities and functions. This annual budget should be sufficient to insure an equitable and proportional level of support for all racial minority groups.

4. It is recommended that this conference express profound dissatisfaction with the Administrator, ADAMHA for his opposition to the creation of a divisional minority center without seeking the advice of his own Minority Advisory Committee.

5. The Secretary, DHEW should reappoint the six principal MAC members whose terms are due to expire on June 30, 1978, for the sake of the continuity and completion of projects already in progress.

6. It is recommended to the Administrator, ADAMHA that a meeting be established between MAC and the new Director, NIMH within thirty days after the announcement of the appointment in order to appraise the selected Director of the concerns of racial minorities. Further, we are very dissatisfied with the fact that MAC was not utilized in the selection process and therefore recommend that no significant appointments be made throughout the ADAMHA structure without the utilization of MAC.

7. The Secretary, DHEW should take proper steps to allocate resources to MAC for the implementation and follow-up of the recommendations from this conference.

8. Minority Group Program divisions should be created in the NIAAA and NIDA with appropriate funding and legislative authority.

9. It is recommended that the Secretary, DHEW take appropriate steps to reverse the Peele decision which we believe gravely threatens the future of affirmative action and appropriate treatment of minorities. Further, there should be the utilization of minority legal talent in this endeavor.

10. It is recommended that the Secretary, DHEW and the Administrator, ADAMHA state and/or restate their commitment to affirmative action in undergraduate schools, medical schools, graduate schools and affirmative action and policies by:

(a) Issuing a public statement in support of affirmative action in post graduate mental hygiene training and retraining programs as a necessary means of bringing about more equal educational opportunity and more equal mental health care for racial minority groups;

(b) Issuing a public statement to correct the popular misconception that affirmative action policies and programs to include previously excluded racial minority groups constitute so-called "reverse discrimination" against racial groups already fairly represented;

(c) Exploring ways to join other professional and educational groups in bringing about the more effective implementation of affirmative action and equal opportunity programs into areas of American institutional life to the benefit of the public at large.

HISPANIC AMERICAN MINORITY NETWORK

Participants

Henry Agostini, Ph.D.
Ramiro Arroyo
Sam Brito
Carmen Carrillo, Ph.D.
Robert Carrillo
Florentino Elcarte, Ph.D.
Priscilla H. Gallegos
Angelita Garcia, Ph.D.
John L. Garcia
Roland Garcia, Ph.D.
Lupe M. Gonzalez
Irma Lopez Kraimer
Elva Ruiz Lytle
Floyd H. Martinez, Ph.D.
Nayda Negron
Charlene Doria Ortiz
Abel Garcia Ossonio, Ph.D.
Mark A. Quinones, Ph.D.
Robert Quiroz
Juan Ramos
Carlos F. Reyna
Ambrosio Rodriguez
Ignacio Rodreguez, Jr.
R.A. Ruiz
Javier Saenz, Ph.D.
Pablo R. Sanchez
Marta Sotomayor
Ernesto Suazo
Roberto Vargas
Gerard M. Vasquez
Raul Yzaguirre

Recommendations

1. ADAMHA should establish a comprehensive program to monitor and increase the available pool of Hispanic professionals and paraprofessionals engaged in the delivery of mental health, alcohol, and drug addiction services to Hispanic Americans.

2. ADAMHA should develop and implement mental health, drug addiction, and alcohol training programs that provide learning environments and curricula congruent with the Hispanic culture and the mental health, drug addiction, and alcohol needs of Hispanic Americans.

3. Culture specific models for service delivery should be developed and implemented which integrate the traditional values and support systems of Hispanic Americans in collaboration with traditional treatment modalities.

4. Mental health, alcoholism and drug abuse services should be delivered to Hispanic Americans in the context of accessible multi-service centers providing acceptable health, mental health, alcoholism, drug abuse, social welfare, educational, economic and legal services centered around the concept of the Hispanic family.

5. ADAMHA should encourage, develop and fund innovative models of service delivery uniquely tailored to the needs of Hispanic populations.

6. Comprehensive investigations should be conducted to assess the quality and quantity of services provided to Hispanic Americans by the Veterans Administration, the Social Security Administration, the Department of Labor, and the Administration for Children, Youth and Families. It is further recommended that, on the basis of the consequent findings, these agencies be mandated to provide services to Hispanic Americans that are specifically designed to the needs of the Hispanic population.

7. ADAMHA guidelines for implementation of mental health, alcoholism, and drug abuse services should reflect clearly the ethnic and linguistic needs of the Hispanic community.

8. ADAMHA funding agencies should expand research opportunities for Hispanic researchers through the establishment of research centers and consortia located in academic centers as well as service settings.

9. Each component of ADAMHA that collects statistics on the nation's population should be mandated to implement PL 94-311 which provides for the breakdown of population subgroups according to ethnicity.

10. Hispanic representation should be substantially increased within data gathering divisions such as the Division of Biometry and Epidemiology (NIMH), and the appropriate data gathering and reporting structures at NIDA and NIAAA; and Hispanic persons be assigned according to five (5) Hispanic groupings:

    (1) Chicanos;

    (2) Island Puerto Ricans;

    (3) Mainland Puerto Ricans;

    (4) Cubans; and

    (5) Other Latin Americans.

11. Diagnostic and assessment studies with an emphasis on significant socio-cultural variables influencing normative behavior should be conducted, and primary attention should be given to the appropriateness of pathological

behavior classification systems and of the instruments used to assess intelligence, achievement and personality.

12. Epidemiologcial studies of the incidence and prevalence of mental health, alcohol and drug abuse related problems among Hispanics should be designated as high priority areas within the research divisions of NIMH, NIDA and NIAAA.

13. Programmatic research should be supported on the nature of variability among and within the major Hispanic groups in the United States. This research should focus on differences in acculturation, language use, and geographic location and their differential impact on the mental health, drug abuse and alcoholism of Hispanic Americans.

14. Programmatic research should be supported on the predominance and differential utility of existing therapeutic modalities, including indigenous therapies and faith healing. Furthermore, it is recommended that the development of new approaches which are demonstrably effective for special subpopulations such as Hispanic women, children and the elderly be supported.

15. Basic and applied research on Spanish-English bilingualism should be supported to increase the scientific understanding of the process as well as its implications for the diagnosis, treatment and prevention of mental illness among Hispanic Americans.

16. Hispanic cultural development centers (Centros Culturales) should be established at appropriate locations throughout the nation for the specific purpose of preserving the culture and traditions of Hispanic Americans.

Such cultural centers should develop significant programs aimed at involving the entire community in the development of and participation in the celebration of Hispanic cultural events. These activities are viewed as valuable contributors to primary prevention of alcohol, drug abuse and mental health problems.

17. A comprehensive effort, national in scope, must be undertaken to educate Hispanics as well as the other ethnic groups (including the majority group) concerning the positive aspects of the Hispanic culture, language, traditions and values. This effort should be operationalized at a multi-dimensional level involving the educational system, the media, and collaborative arrangements with Mexico, Puerto Rico and other Latin American countries.

18. Hispanic mental health education programs must receive top priority among pertinent local, state and federal agencies. Such programs should be bilingual/bicultural in nature, and planned and implemented by Hispanic Americans to ensure their relevance and sensitivity to the Hispanic culture(s).

19. The particular socio-cultural stresses faced by Hispanic women must be researched and the consequent findings be used to develop and implement counseling programs and other interventions designed to prevent emotional disorders in this subpopulation.

20. Mental health services must be made available to Hispanic Americans within the context of primary health care programs, as existing at other reputable health care centers. This recommendation assumes the availability of Hispanic

mental health personnel at locations where primary health care is delivered, such as hospitals and barrio clinics.

21. After-care programs for Hispanic patients should be developed and implemented within the context of comprehensive human services that coordinate community resources to provide cultural support throughout the rehabilitation period.

AMERICAN INDIAN MINORITY NETWORK

Participants

Paige K. Barber	Bea Medicine
Douglas Black	Dorothy Miller
Barbara Bond	Coral Sue O'Brien
Shirley Eagle	Thelma Pinnecoose
George Effman	Al Pooley
Bill Hanna	Loye M. Ryan
Janice Kekahbah	Robert A. Ryan
David Liberman	Duane Silverstein

Recommendations

1. Indian Review Groups should be constituted in ADAMHA to review all applications concerning American Indians regardless of type as a manifestation of the Federal policy of self-determination.

2. ADAMHA should establish or actively support the establishment of 10 regional American Indian/Alaskan Native "Protection of Human Subjects Committees" that will review all research grants related to American Indian/Alaskan Native people as it concerns protection of human subjects.

3. There should be Indian representation, selected by Indian people, on all ADAMHA Advisory Boards to provide input as to needs of Indian people.

4. ADAMHA, through its component agencies, should recognize its responsibilities to Indian people through allocation of resources in all ADAMHA service programs to include treatment, prevention, training, research and all other services.

5. Due to the uniqueness of Indian experiences, ADAMHA should allow for more flexibility in research methodologies and design. In doing so the results of research tailored to Indian life styles will better facilitate the development of more effective methods of treatment and prevention.

6. The present Indian MAC members should be continued through a full term to assure continuity.

7. ADAMHA should establish and maintain liaison with American Indian/Alaskan Native national organizations such as the National Indian Board on Alcohol and Drug Abuse (NIBADA), National Indian Health Board (NIHB), National Congress of American Indians (NCAI), and the National Urban Indian Committee (NUIC).

8. ADAMHA guidelines for funding of projects should focus on specific areas of relevance for American Indian/Alaskan Native communities rather than priorities set on a national level.

9. It is recommended that DHEW through ADAMHA find a mechanism to channel its alcohol, drug abuse and mental health resources directly to

American Indians/Alaskan Natives to ensure that they are appropriately served on the basis of their special needs and status.

10. It is recommended that NIMH assure that its guidelines requiring proportionate representation of racial minorities in staffing and on advisory boards in Communuty Mental Health Centers (CMHC) be made enforceable. This is the only way to assure that local CMHCs will be able to meet the needs of Indian people.

11. It is recommended that NIMH find a mechanism for funding the proposal submitted to it on February 14, 1978 by IHS Mental Health Programs calling for $1.5 million for Indian Mental Health needs. We also fully support the amendment submitted later calling for another $1.5 million for urban Indian programs. In this manner, NIMH will be able to channel some resources through existing Indian networks at the field level.

12. It is recommended that full funding of PL 94-437, the Indian Health Care Improvement Act, be authorized in FY '79 and FY '80 including all mental health and alcohol specific programs such as Community Mental Health Services, the Children's Diagnostic and Treatment Center, regional inpatient psychiatric units, Indian alcohol and drug abuse programs.

APPENDIX

CONFERENCE PARTICIPANTS

NATIONAL CONFERENCE ON MINORITY GROUP
ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ISSUES

Conference Participants

Minority Advisory Committee Members

Dorothy J. Chu
Special Assistant to the
Director of Field Operations
Department of Social Services
Human Resources Administration
c/o 7 West 14th Street
New York, New York 10011
212/553-5891

George G. Effman
Executive Director
Indian Alcoholism Commission
of California
2969 Fulton Avenue
Sacramento, California 95818
916/483-3453

Phyllis Harrison-Ross, M.D.
Professor of Clinical Psychiatry
Metropolitan Hospital Community
Mental Health Center
41 Central Park West
New York, New York 10023
212/799-8055

Lawrence K. Koseki, D.S.W.
Deputy Director
State Department of Social
Service and Housing
45-718 Kalamalo Place
Kaneohe, Hawaii 96744
808/548-5903

Sandra J. Peak
Director
Alcoholism Guidance Center
Program
402 West Choctaw
Tahlequah, Oklahoma 74464
918/456-0553

Mark A. Quinones, Ph.D.
Director
Drug Abuse and Social Medicine
College of Medicine and Dentistry
of New Jersey
100 Bergen Street
Newark, New Jersey 17103
201/456-4575

James T. Robinson, Jr.
Assistant to the Vice President
Sales Promotions
F & R Lazarus and Company
141 South High Street
Columbus, Ohio 43216
415/532-2970

Roberto Vargas
Lecturer
University of California at Berkley
5022 Trask Street
Oakland, California 94601
415/532-2970

Bobby E. Wright, Ph.D.
Executive Director
Garfield Park Comprehensive
Community Mental Health Center
9 South Kedzie Avenue
Chicago, Illinois 60612
312/722-7900

Dolores Finger Wright
Director
Department of Drug and Alcohol Concerns
Board of Church and Society
The United Methodist Church
100 Maryland Avenue, N.E.
Washington, D.C. 20002
202/488-5600

Conference Participants - #2

Henry Agostini, Ph.D.
Associate Director
Psychology Minority Training Program
Psychology Department
House Officers Building - Floor 2
Boston City Hospital
Boston, Massachusetts
617/424-5357

Edward Alderette
Assistant Professor
Our Lady of the Lake University
225 Madison Street
San Antonio, Texas 78204
512/434-6711

Ana Anders
Director for Hispanic Affairs
St. Elizabeths Hospital
Dix Building
2700 Martin Luther King Avenue, S.E.
Washington, D.C. 20032
202/574-7640

Ramiro Arroyo
Administrative Officer
Alcohol and Drug Abuse
1101 Deluire
Denver, Colorado
303/388-0111 x304

Charles Austin
Associate Director
Social Action Research Center
18 Professional Center Parkway
San Rafael, California 94303
415/472-2532

Paul A. Austin
Alcoholism Counselor
Montgomery County Health Department
716 Maplewood Avenue
Takoma Park, Maryland 20012
202/565-7685

Doris L. Banks
Education Training Specialist
HEW/NIAAA
5600 Fishers Lane
Rockville, Maryland 20857
301/443-1056

Paige Kawelo Barber
Alu Like, Inc.
2828 Paa Street
Honolulu, Hawaii 96817
808/833-5871

Charles Berrin
Mental Health Education Technician
NIMH
5600 Fishers Lane
Rockville, Maryland 20857
301/443-4573

Edna Berry
Senior Consultant
Commission on Community Relations
144 West Colfax - Room 302
Denver, Colorado 80202
303/575-2621

Helen Bethel
Program Analyst
NIMH
5600 Fishers Lane
Rockville, Maryland 20857
301/443-3343

Douglas Black
Public Health Advisor
Special Projects Branch Division
NIAAA
5600 Fishers Lane
Rockville, Maryland 20857
301/443-1285

Barbara M. Bond, Ph.D.
Assistant Research Specialist
Rutgers Center of Alcohol Studies
Rutgers University
Piscataway, New Jersey 08903
201/932-3510

Paul Bontemps
Executive Director
Massachusetts Minority Council
on Alcoholism
5 Burton Avenue
Boston, Massachusetts 02119
617/445-6045

Conference Participants - #3

Carmen L. Boutet
Mental Health Specialist
Utah Division of Mental Health
150 West North Temple
Salt Lake City, Utah 84110
801/533-5783

Frances Brisbane, Ph.D.
Director
Alcohol Abuse and Alcoholism
Specialization
School of Social Welfare
SUNY at Stony Brook
Stony Brook, New York 11750
516/444-2143

Samuel N. Brito
Regional Consultant for Drug Abuse
DHEW, Regional Office VI
1200 Main Tower Building - Room 1700
Dallas, Texas 75202
214/767-3081

Estelle Brown
Program Assistant
OPC/ADAMHA
5600 Fishers Lane
Room 13C-15
Rockville, Maryland 20857
301/443-3838

Alfred E. Burke
Acting Director
OPPE/ADAMHA
5600 Fishers Lane
Room 12C-25
Rockville, Maryland 20857
301/443-4564

James Caldwell
Program Monitor
Colorado State Health Department
4210 East 11th Avenue
Denver, Colorado 80321
303/388-6111

Mildred S. Cannon
Statistican
NIMH
5600 Fishers Lane
Room 10C-09
Rockville, Maryland 20857
301/448-3774

Carmen Carrillo, Ph.D.
Director
Mission Mental Health Center
1665 Mission Street
San Francisco, California
415/558-2564

Robert D. Carrillo
Health Consultant
California Legislative
1116 Ninth Street
Sacramento, California 95814
916/445-5119

Mahlon Carrington
EEO Officer
ADAMHA/NIDA
5600 Fishers Lane
Rockville, Maryland 20857
301/443-5414

June J. Christmas, M.D.
Commissioner of Mental Health,
Mental Retardation and Alcoholism
City of New York
30 West 94th Street
New York, New York 10025
212/566-4830

Tommy Chung
Executive Director
Asian American Drug Abuse Program
5318 Crenshaw Boulevard
Los Angeles, California 90043
213/293-6284

Lemuel B. Clark, M.D.
Special Assistant to the Director
NIMH
5600 Fishers Lane
Rockville, Maryland 20857
301/443-3556

Jacob Collins
Manager
Minority Programs
National Clearinghouse for Alcohol Information
9119 Gaither Road
Gaithersburg, Maryland
301/948-4450

Conference Participants - #4

Henry Cooper, M.D.
Director
Adolescent Clinic
Society for Adolescent Medicine
University of Colorado Medical Center
Denver, Colorado 80207
303/394-8461

Benjamin Cordova, Ph.D.
Affirmative Action Director
WICHE
Post Office Drawer "P"
Boulder, Colorado 80030
303/492-6972

Mae Culp
EEO/NIAAA
2835 Aquarius Avenue
Silver Spring, Maryland 20906
301/443-5035

Richard F. Cummings
Acting Director
Civil Rights Staff, PHS
USPHS
5600 Fishers Lane
Rockville, Maryland 20857
301/443-6397

Mitchell Dasher, II
Chief
Legislative Service
Parklawn Building
Room 13C-06
5600 Fishers Lane
Rockville, Maryland 20857
301/443-3200

Julianne Davis
Assistant Chief
Grants and Contracts
Management Branch
DHEW/ADAMHA/NIMH
5600 Fishers Lane
Rockville, Maryland 20857
301/443-3065

Phillip Dawes
Program Administrator
NIAAA
5600 Fishers Lane
Rockville, Maryland 20857

William H. Denham, Ph.D.
Director
Division of Management Training
NIMH
2005 Coleridge Drive
Silver Spring, Maryland 20902
301/443-4257

Herman Diesenhaus
Chairman
Community Alcoholism Services
Review Committee
7116 South Oneida
Englewood, Colorado 80110

Frank E. Dowdell, II
Criminal Justice Liaison
University of Colorado Medical
Center
1827 Gaylord
Denver, Colorado 80206
303/388-5894

Rhetaugh Dumas, Ph.D.
Deputy Director
Division of Manpower and Training
NIMH
5600 Fishers Lane
Rockville, Maryland 20857
301/443-4257

Shirley Eagle
Alcoholism Counselor
Coeur d'Alene Tribe
Post Office Box 171
Plummer, Idaho 83851
208/274-2962

Florentino Elcarte
Program Administrator
Spanish Speaking Programs
NIAAA
5600 Fishers Lane
Rockville, Maryland 20857

Gerry Elder
Director
Division of Management Policy
ADAMHA
5600 Fishers Lane
Rockville, Maryland 20857
301/443-4543

Conference Participants - #5

John L. Emery, Sr.
Public Health Advisor
DC Government
Mental Health Administration
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009
202/673-6692

Jack Farrell
Community Service Officer
New Jersey Department of Health
969 McCarter Highway
Newark, New Jersey 07102
201/648-2832

Ernest Ficco
Department Division Director
ADAMHA/Region VIII
1961 Stout Street
Denver, Colorado 80294
303/837-2555

James Franklin
Executive Director
Commission on Alcohol and Drug Abuse
for Malbora and Chesterfield
Counties
121 Kershaw Street
Cheraw, South Carolina 29520

Priscilla H. Gallegos
Director
Consultation and Education
San Louis Valley Comprehensive CMHC
1015 - 4th Street
Alamosa, Colorado 81101
303/589-3673

Angelita Garcia, Ph.D.
Regional Community Mental Health
Specialist
U.S. Department of HEW/Mental
169 Washington Street
Newton, Massachusetts 02158
617/223-6824

Eduardo A. Garcia
Project Officer
Health and Environment
Post Office Box 908
Santa Fe, New Mexico 87501

John L. Garcia
Associate Director for Information
Center for Multicultural Awareness (CMA)
2924 Columbia Pike
Arlington, Virginia 22204
703/979-0100

Roland Garcia, Ph.D.
Regional Consultant for Mental Health
ADAMHA/PHS
1961 Stout Street
Denver, Colorado 80012
303/837-2555

Sheila Gardner
Staff Assistant for Confidentiality
DHEW/NIDA
5600 Fishers Lane
Rockville, Maryland 20857
301/443-6780

Velvia Garner
Red Cross Nurse Representative
University of Colorado
4200 East 9th Avenue
Denver, Colorado 80220
303/394-7751

Lupe M. Gonzalez
Deputy Director
Southwest Regional Support Center
10920 Ambassador Drive
Kansas City, Missouri 64153

Edward Grant
President
National Association Anti-Poverty
Alcoholism Programs
46 Bristol Street
New Haven, Connecticut 06515
203/777-6457

Jacquelyn H. Hall
Chief
Mental Health Education Branch
NIMH
5600 Fishers Lane
Room 15C-17
Rockville, Maryland 20857
301/443-4573

Conference Participants - #6

Blanche Hamilton
Vice President
Minority Enterprise Public Relations
3338 Auburt Place
St. Louis, Missouri 63115
314/382-5538

Bill Hanna, Ph.D.
Deputy Director
Mental Health Programs
Indian Health Service
801 Vassar Drive, S.E.
Albuquerque, New Mexico
505/766-2876

Thomas Harford, Ph.D.
NIAAA
9853 Dellcastle Road
Gaithersburg, Maryland 20760
301/443-2958

James Harper
Director
Save the Alcoholic
4455 North Broadway
Chicago, Illinois 60640
312/728-0727

Virginia Harter
Secretary
OPC/ADAMHA
5600 Fishers Lane
Rockville, Maryland 20857

Herman W. Hemingway
Chairman
Ethnic Minorities and Poor Committee
National Mental Health Association
24 Alberta Road
Chestnuthill, Massachusetts 02167
617/469-2545

Leo Hendricks
Visiting Scholar
University of North Carolina
School of Public Health
Chapel Hill, North Carolina 27514
919/966-2245

Brenda G. Hewitt
Acting Special Assistant to the
Administrator
ADAMHA
5600 Fishers Lane
Rockville, Maryland 20857
301/443-4797

Warren W. Hewitt
Program Analyst
DHEW/Office of the Assistant Secretary
Room 735-E
200 Independence Avenue, S.W.
Washington, D.C. 20201
202/472-3026

Davis Vincent Hill
Program Analyst
NIMH
Room 17C-27
5600 Fishers Lane
Rockville, Maryland 20857
301/443-1596

Roy M. Hirabayashi
National Coordinator
Pacific/Asian Coalition
1760 The Alameda #210
San Jose, California 95126
408/295-7290

Kenneth Howard
NIDA
5600 Fishers Lane
Rockville, Maryland 20857
301/443-6500

Ernest Hurst
Director
Office of Program Implementation
OPC/ADAMHA
5600 Fishers Lane, Room 13C-15
Rockville, Maryland 20857
301/443-3838

Arthur Jackson
Training and Research Assistance
TRAC Corporation
910 - 16th Street, Suite 511
Denver, Colorado 80205
303/534-2786

Conference Participants - #7

Walter S. Jackson
Director
CADREC
1615 34th Avenue
Denver, Colorado 80218
03/534-2786

Thomas James
Director
American Red Cros
1437 High Street
Denver, Colorado 80218
303/399-6282

Jackie Jenkins
Executive Director
Roxbury Court Clinic
85 Warren Street
Roxbury, Massachusetts 02119
617/427-7000

James M. Jones, Ph.D.
Director
Minority Fellowship Program
American Psychological Association
1200 - 17th Street, N.W.
Washington, D.C. 20004
202/833-7878

Lucy Joseph
NPTA, VP Region VIII
National PTA
700 North Rush
Chicago, Illinois 60611
312/787-0977

Janice Kekahbah
Executive Director
American Indian Nurses
231 South Peters
Norman, Oklahoma 73070
405/321-4615

Gerald L. Klerman
Administrator
ADMAHA
5600 Fishers Lane
Rockville, Maryland 20857

Mary Knipmeyer
Program Analyst
National Institute on Drug Abuse
5600 Fishers Lane
Rockville, Maryland 20857
301/443-6460

Irma Lopez Kraimer
Consultant
Drug Abuse Education and Prevention
Chicano Alliance of Drug Abuse Programs
16W-660 Mockingbird, #19-J
Hinsdale, Illinois 60521
312/323-5329

John N. Krzemien
Executive Officer
ADAMHA - Region V
300 South Wacker Drive
Chicago, Illinois 60633
312/353-[illegible]072

Jeff Kushner
Director
Alcohol and Drug Abuse Division
1101 Bellaire
Denver, Colorado 80220
303/388-6111

Betty Jean Lee
Staff Assistant
ADAMHA
Office for Extramural Programs
5600 Fishers Lane, Room 13-103
Rockville, Maryland 20857
301/443-4226

Sharley Lee
Statistician
NIDA
5600 Fishers Lane, Room 11A-56
Rockville, Maryland 20857
301/443-6637

Talmage H. Lewis
Association of Mental Health Administrators
3520 West Oxford
Denver, Colorado 80236
303/761-0220

Conference Participants - #8

Vernon Lewis
Member
National Board of Directors
Association for Children with
Learning Disabilities
3630 Ivy Street
Denver, Colorado 80207
303/333-9296

David Liberman
Director
Mental Health and Alcoholism
Miccosukee Tribe
6321 S.W. 89th Place
Miami, Florida 33173
305/223-8380

Kenneth Ling
Chairman
Oahu Drug Abuse Coalition
Administrator Program Services
Palama Settlement
810 North Vineyard Boulevard
Honolulu, Hawaii 96817
808/845-3945

Karen Litz
Board Member
National Council of Community
Mental Health Centers
11010 W. 29th Avenue
Lakewood, Colorado 80215

William T. Liu
Director
Asian American Mental Health
Research and Development Center
1640 W. Roosevelt Road
Chicago, Illinois 60608

Pauline Lopez
Financial Advocate
Governor's Council on the
Handicapped
4693 Quitman Street
Denver, Colorado 80212
303/455-8762

Peggy Lore
Deputy Director
Central Denver Youth Division
1437 High
Denver, Colorado 80218
303/355-1661

H. Alice Lowery
Research Psychologist
NIMH
5600 Fishers Lane
Rockville, Maryland 20857

Pat H. Luce
Executive Director
Office of Samoan Affairs
25 - 14th Street, Room 212
San Francisco, California 94103
415/626-0161

Elva Ruiz Lytle
Public Health Advisor
NIAAA/ADAMHA
5600 Fishers Lane
Rockville, Maryland 20857
301/443-2570

Stanley C. Mahoney, Ph.D.
Director
Division of ADAMHA Programs
DHEW Regional Office-Region VIII
1961 Stout Street
Denver, Colorado 80202

Charles Makins
Director
Charles Drew Medical School
12012 Compton Avenue
Los Angeles, California 90059

Shallie B. Marshall
Chief
Field Liaison Branch/NIMH
5600 Fishers Lane
Rockville, Maryland 20857

#Floyd H. Martinez
Exeuctive Director
Community Mental Health Center of
Boulder County
708 Ithaca
Boulder, Colorado 80303
303/443-8500

Louis B. Mathis
Health Economist
HEW/NIMH
5600 Fishers Lane, Room 1195
Rockville, Maryland 20857
301/443-3657

Conference Participants - #9

Carl Matthews
Executive Director
Southern Area Alcohol Education
and Training Program, Inc.
4875 Powers Ferry Road, N.W.
Atlanta, Georgia 30327
404/252-6811

Elaine Matthews
Associate Director
Southern Area Alcohol Education
and Training Program, Inc.
4875 Powers Ferry Road, N.W.
Atlanta, Georgia 30327
404/252-6811

Bea Medicine, Ph.D.
Professor
Anthropology
Univeristy of Wisconsin
Madison, Wisconsin 53703
608/256-6781

Eugene Meeks
Associate Executive Director
Human Services, Inc.
1555 Xavier Street
Denver, Colorado 80204

Dorothy L. Miller, D.S.W.
Professor/Researcher
Institute of Scientific Analysis
9215 Wakefield Avenue
Panorama City, California 91402
213/894-9397

Arnold R. Mills
Public Health Advisor
NIDA
5600 Fishers Lane
[illegible]lle, Maryland 20857
[illegible]-1173

[illegible]ims
[illegible]editation Specilist
[illegible]nt Commission on Accreditation
of Hospitals
875 North Michigan
Chicago, Illinois 60611

Lonnie Mitchell, Ph.D.
Chief
Manpower Training Branch/NIDA
5600 Fishers Lane
Rockville, Maryland 20857
301/443-6720

Lois M. Moore
Social Science Program Specialist
OS/Division of Black American Affairs
200 Independence Avenue, S.W.
Room 444F, HHH Building
Washington, D.C. 20201
202/245-6102

Ron Moss
Regional Consultant
Alcohol and Drug Abuse Programs
PHS/ADAMHA, Region III
26 Federal Plaza
New York, New York 10007
212/264-2567

Faye Untalan Munoz
Program Director
WICHE
Drawer "P"
Boulder, Colorado 80302
303/492-6705

Robert Murphy
Project Officer
DHEW/OHS/ADAMHA
3525 Market Street
Philadelphia, Pennsylvania 19101
215/596-1840

Nayda Negron
Psychologist Intern
Psychology Minority Training Program
Psychology Department
House Officers Building, Floor 2
Boston City Hospital
Boston, Massachusetts 02118

John Noble
Deputy Director
Division of Treatment and Rehabilitation
NIAAA
5600 Fishers Lane
Rockville, Maryland 20857
301/443-3728

Conference Participants - #10

E. J. Nichols, Ph.D.
NIMH
3038 Chestnut Street, N.W.
Washington, D.C. 20015
202/443-3728

Carmen Ochoa
Program Manager for Training
San Jose State University
School of Social Work
San Jose, California 95192

K. Partick Okura
Assistant Director
International Programs
NIMH
5600 Fishers Lane
Rockville. Maryland 20857
301/443-1828

Esteban Olmedo
Associate Director
Spanish Speaking Mental Health
Research Center
UCLA
Los Angeles, California 90405
213/825-8886

Charlene Doria Ortiz
Program Coordinator for Technical
Assistance
Pyramid (Pacific Institute for
Research and Evaluation)
39 Quail Court
Walnut Creek, California 94596
415/939-6666

Abel Garcia Ossorio
Deputy Regional Health
Administrator
HEW/PHS
1961 Stout Street
Denver, Colorado 80202
303/837-4461

George H. Outen
General Secretary
United Methodist Church
Board of Church and Society
100 Maryland Avenue, N.E.
Washington, D.C. 20002
202/488-5628

Gilbert R. Parks, M.D.
Psychiatrist
Post Office Box 1321
Topeka, Kansas 66601

Delores Parron, Ph.D.
Institute of Medicine
National Academy of Science
2101 Constitution Avenue, N.W.
Washington, D.C. 20418

Lyda S. Peters
Associate Director
Boston University of Psychiatry
School Desegregation Response Program
85 East Newton Street
Boston, Massachusetts 02118
617/247-6451

Canta Pian
Social Science Analyst
Division of Asian American Affairs
Office of Special Concerns, HEW
Room 419E, HHH Building
200 Independence Avenue, S.W.
Washington, D.C. 20201
202/245-7371

Thelma Pinnecoose
Executive Director
Indian Alcoholism Counseling and
Recovery House Program
538 South 200 West Street
Salt Lake City, Utah

James E. Pittman
Acting Deputy Director
NIMH/ADAMHA
5600 Fishers Lane, Room 17-99
Rockville, Maryland 20857
301/443-3675

Al Pooley, D.S.W.
National Indian Board on Alcohol and
Drug Abuse
2210 West Deloro
Mesa, Arizona 80202
602/969-3657

Conference Participants - #11

Marion E. Primas
Social Science Analyst
ADAMHA/NIMH
5600 Fishers Lane, Room 17C-05
Rockville, Maryland 20857

Roberto Quiroz
Executive Director
Pueblo Colorado Spanish Speaking
Mental Health Center
2003 East 4th Street
Pueblo, Colorado 81001
303/544-6373

Sherman L. Ragland
Chief
Citizen Participation Program
NIMH
5600 Fishers Lane
Rockville, Maryland 20857
301/443-4474

James R. Ralph, M.D.
Chief
Center for Minority Group Mental
Health Programs
DSMHP/NIMH
5600 Fishers Lane
Rockville, Maryland 20857
301/443-3724

Louis Ramey
Southern Regional Education Board
130 Sixth Street
Atlanta, Georgia 30331
404/875-9211

Bob Ramirez
Director
Youth Opportunities Unlimited
683 S. McBride Avenue
Los Angeles, California 90022
213/695-1576

Carlos F. Reyna
Mental Health Consultant
PHS/Divison of ADAMHA
50 United Nations Plaza
San Francisco, California 94102
415/556-2215

Fleetwood Roberts
Assistant Chief
Special Projects Branch
NIAAA
5600 Fishers Lane
Rockville, Maryland 20857
301/443-1374

Ambrose Rodriguez
Executive Director
El Centro
972 South Goodrich
Los Angeles, California 90022

Ignacio Rodriguez
Mental Health Consultant
HEW/PHS/ADAMHA
1961 Stout Street
Denver, Colorado 97030
503/667-1854

Robert A. Ryan, Ed.D.
Director
White Cloud Center
University of Oregon
Health Sciences Center
840 S.W. Gaines
Portland, Oregon 97201
503/225-8939

Shakura A. Sabur
Preventive Specialist
Health Control Systems
Southwest Regional Support Center
10920 Ambassador Drive
Kansas City, Kansas 66109
816/891-2480

Javier Saenz, Ph.D.
Director
Adult Day Care
Granite Community Mental Health Center
Spanish Speaking Mental Health Task Force
175 East 2100 South
Salt Lake City, Utah 84114
801/484-8713

Conference Participants - #12

Pablo R. Sanchez
Centro De Salud Mental
1900 Fruitvale Street
Oakland, California 94601

Ruth Sanchez-Dirks, Ph.D.
Special Assistant to the Director
NIAAA
5600 Fishers Lane
Rockville, Maryland 20857
301/443-4733

Joy Schulterbrandt
Chief
Center for Studies of Child and
Family Mental Health
DSMHP/NIMH
5600 Fishers Lane, Room 11A-16
Rockville, Maryland 20857

Carl A. Scott
Associate Executive Director
Council on Social Work Education
345 East 46th Street
New York, New York 10029
212/697-0467

Steven P. Shon, M.D.
Psychiatrist
Korean Service Center
Richmond Maxi Center
3626 Balboa
San Francisco, California 94121
415/668-5955

Duane Silverstein
Consultant
National Indian Health Board
1020 - 15th Street
Denver, Colorado 80202
303/534-5482

Gussie Simmons
President
Colorado Parents, Teachers and
Students Association
4138 West 35th Avenue
Denver, Colorado 80212
303/477-5645

Morris J. Smith
Consultant
ADAMHA/PHS
601 East 12th
Kansas City, Missouri 64106
816/796-8026

Stanley H. Smith, Ph.D.
Dean
Shaw University
P.O. Box 1659
Raleigh, North Carolina 27602
919/755-4843

Marta Sotomayor, D.S.W.
Acting Chief
Community and Groups Services Section
NIMH
5600 Fishers Lane
Rockville, Maryland 20857
301/443-4187

Ernesto Suazo
Executive Director
NMC of CMHS
620 Camino de Salud, N.E.
Albuquerque, New Mexico 87131
505/277-5803

Jeanne Spurlock, M.D.
Deputy Medical Director
American Psychiatry Association
1700 18th Street, N.W.
Washington, D.C. 20009
202/232-7878

*Stanley Sue, Ph.D.
Associate Professor of Psychology
University of Washington
18707 - 45th Court, N.E.
Seattle, Washington, 98155
206/365-4092

Alma Takata
Manpower Division of Training
State of Hawaii Department of Mental Health
550 Makapun Avenue
Honolulu, Hawaii 96822
808/737-7982

Conference Participants - #13

Marge Taniwaki
Regional Representative
Pacific/Asian Coalition
6100 Severn Place
Denver, Colorado 80220
303/333-2130

Dalmas A. Taylor, Ph.D.
Professor
Department of Psychology
University of Maryland
College Park, Maryland 20742
301/454-5353

Theodis Thompson, Ph.D.
Director
Graduate Program
Health Services Administration
School of Public Administration
Bruce Hall, #401
University of Southern California
Los Angeles, California 90007
213/741-7600

Belle Tolson
Community Representative
DHEW/ACYF
18-2 Ura
North Glenn, Colorado 80234
303/837-3107

Beatrice R. Treiman
Research Analyst
Social Research Group
University of California
1918 Bonita
Berkeley, California 94704
415/642-5208

Ming T. Tsuang, M.D.
Professor of Psychiatry
Department of Psychiatry
University of Iowa
College of Medicine
500 Newton Road
Iowa City, Iowa 52242
319/353-6649

Gerard M. Vasquez
TDCA
210 Barton Springs Road
Austin, Texas 78704
512/475-6351

Alex L. Vigil
Hispanic Program Coordinator
DHEW, Region VIII
1961 Stout Street, Room 13006
Denver, Colorado 80294
303/837-2747

Ron Wakabayashi
Assistant Director
Asian American Drug Abuse Program, Inc.
5318 South Crenshaw Boulevard
Los Angeles, California 90043
213/293-6284

Hazel P. Walter
Mental Health Consultant
HEW/DADAMHP, Region X
1321 - 2nd Avenue
Seattle, Washington 98501
206/442-0524

Carolyn White
Director
Minority Research
Tennessee Department of Mental Health
and Retardation
501 Union
Nashville, Tennessee 37219
615/741-3570

George W. White
Chief
Undergraduate Education Program
NIMH
5600 Fishers Lane
Rockville, Maryland 20857

Jeremiah L. White, Jr.
Field Coordinator
Washington School of Psychiatry
1610 New Hampshire Avenue, N.W.
Washington, D.C. 20009
202/387-3339

Conference Participants - #14

Lois Whitely
Acting Director
Division of Prevention
NIAAA
5600 Fishers Lane
Rockville, Maryland 20857

Paul Williams
Director
Minority Fellowship Program
American Sociological Association
1722 M Street, N.W.
Washington, D.C. 20036
202/833-3410

Shirley Williams
Administrative Intern
Commission on Youth
1445 Cleveland Place, Room 307
Denver, Colorado
303/575-3615

Sid Wolverton
Acting Associate Administrator
for Program Coordination
ADAMHA
9414 Crosby Road
Silver Spring, Maryland
301/443-3706

George K. Woo
Vice President
Pacific/Asian Coalition
1368 - 10th Avenue
San Francisco, California 94122
415/475-6351

Suzanne Wright
Tops
7753 Newland Street
Arvada, Colorado 80003
303/421-3181

* Joe Yamamoto, M.D.
Professor
Neuropsychiatric Institute
University of California
760 Western Plaza
Los Angeles, California 90024
213/825-0383

Raul Yzaguirre
National Director
National Council of La Raza
1725 "Eye" Street, N.W.
Suite 210
Washington, D.C. 20006
202/659-1251

CONFERENCE PLANNING COMMITTEE

Ernest Hurst
Project Officer

Julianne Davis
NIMH Liaison
to MAC

Brenda G. Hewitt
Co-Project Officer

Dolores Finger Wright
Minority Advisory
Committee Member

Dwan Tai
Former Minority Advisory
Committee Member

CONFERENCE RESOURCE DOCUMENTS

RESOURCE DOCUMENTS

The Future of Prevention: Extinction, or Expansion?
by Carmen Carrillo, Ph.D.

Trying to Make it Real: Issues and Concerns in the Provision of Services for Minorities
by June Jackson Christmas, M.D.

Close Encounters of the Worst Kind: The Mental Health Care of Minorities
by Floyd H. Martinez, Ph.D.

Native Perspectives on Alcoholism, Drug Abuse and Mental Health: Healing in a Cultural-plural Context
by Dorothy Miller, D.S.W.

Toward an Understanding of the Mental Health and Substance Abuse Issues of Rural and Migrant Ethnic Minorities: A Search for Common Experiences
by Robert A. Ryan and Joseph E. Trimble

The Roles and Functions of the Processes of Institutionalization and Deinstitutionalization in the Treatment of Alcoholism, Drug Abuse and Mental Illness of Minorities
by Stanley H. Smith

Ethnic Minority Research: Trends and Directions
by Stanley Sue

Implications of Licensure, Certification and Credentialling for Minority Providers
by Dalmas A. Taylor

Public Policy and Minority Health Manpower: Linking Alcohol, Drug Abuse and Mental Health Needs to Manpower Resources
by Theodis Thompson, Ph.D., M.P.A.

Rich Man, Poor Man: Dynamics of Social Class in a Mythical Middle-class America
by Joe Yamamoto, M.D., and Alan Steinberg, Ph.D.

CONFERENCE AGENDA

National Conference on Minority Group Alcohol, Drug Abuse and Mental Health Issues

May 22-24, 1978

Executive Tower Inn
Denver, Colorado

SUNDAY, MAY 21, 1978

7:00 PM-9:00 PM — **REGISTRATION** ..... 2nd Floor Lobby

MONDAY, MAY 22, 1978

8:00 AM-9:00 AM — **REGISTRATION** ..... 2nd Floor Lobby

9:00 AM-10:00 AM — **PLENARY SESSION** ..... Forum Room

Presiding: Lawrence K. Koseki, D.S.W.
Chairperson, ADAMHA Minority Advisory Committee

Welcome: Gerald L. Klerman, M.D.
Administrator, ADAMHA

Introduction of HEW Officials: Stanley Mahoney, Ph.D.
Director, Division of ADAMHA Programs
Region VIII

President's Commission on Mental Health: Delores Parron, Ph.D.

Conference Charge: Roberto Vargas
Member, ADAMHA Minority Advisory Committee

10:00 AM-10:15 AM — **COFFEE BREAK**

10:15 AM-12:00 noon — Introduction to the Alcohol, Drug Abuse and Mental Health Administration's Minority Advisory Committee ..... Forum Room

Presiding: Lawrence K. Koseki, D.S.W.
Chairperson, ADAMHA Minority Advisory Committee

Committee Members:

Dorothy J. Chu	Mark A. Quinones, Ph.D.
George G. Efiman	James T. Robinson, Jr.
Phyllis Harrison-Ross, M.D.	Bobby E. Wright, Ph.D.
Lawrence K. Koseki, D.S.W.	Dolores Finger Wright — History of M.A.C.
Sandra J. Peak	Roberto Vargas

12:00 noon-1:30 PM — **LUNCH**

1:30 PM-3:15 PM — **FOCUS ON ISSUES** ..... Forum Room

Workshop I — Treatment ..... Assembly Room
Workshop II — Factors/Variables ..... North Forum Room
Workshop III — Research ..... Zephyr Room
Workshop IV — Manpower ..... Brahms I Room
Workshop V — Other Manpower Resources ..... Johann Room
Workshop VI — Accreditation ..... Curtis Caucus Room A
Workshop VII — Prevention ..... Brahms II Room
Workshop VIII — Non-Metropolitan Communities ..... Curtis Caucus Room B
Workshop IX — Socio-economic Factors ..... Blue Room A
Workshop X — Institutionalization/Deinstitutionalization ..... Blue Room B

3:15 PM-3:30 PM — **COFFEE BREAK**

3:30 PM-5:00 PM — **FOCUS ON ISSUES** Workshops (continued)

5:00 PM-6:00 PM — **SOCIAL HOUR** ..... Forum Room

TUESDAY, MAY 23, 1978

9:00 AM-10:15 AM **FOCUS ON ISSUES** Workshops (continued)

10:15 AM-10:30 AM **COFFEE BREAK**

10:30 AM-12:00 noon **MINORITY NETWORKS**

Asian Americans ..... Assembly Room
Black Americans ..... Blue Room
Hispanic Americans ..... Curtis Caucus Room
American Indians ..... Zephyr Room

12:00 noon-2:00 PM **CONFERENCE LUNCHEON** ..... Forum Room

Introduction of Keynote Speaker: George G. Effman
Member, ADAMHA Minority Advisory Committee

Keynote Speaker: Mario G. Obledo, Secretary
Health and Welfare Agency for the State of California

2:00 PM-3:15 PM **MINORITY NETWORKS** (continued)

3:15 PM-3:30 PM **COFFEE BREAK**

3:30 PM-5:00 PM **REGIONAL NETWORKS**

Region I — CT, ME, MA, NH, RI, VT ..... Curtis Caucus Room B
Region II — NJ, NY, PR, VI ..... Brahms II Room
Region III — DE, DC, MD, PA, VA, WV ..... Assembly Room
Region IV — GA, KY, FL, MS, TN, AL, NC, SC ..... Blue Room A
Region V — IL, IN, MI, MN, OH, WI ..... Zephyr Room
Region VI — AR, LA, NM, OK, TX ..... North Forum
Region VII — IA, KS, NE, MO ..... Curtis Caucus Room A
Region VIII — CO, MT, ND, SD, UT, WY ..... Blue Room B
Region IX — AZ, CA, HI, NV, Pacific Basin ..... Brahms I Room
Region X — AK, ID, OR, WA ..... Johann Room

WEDNESDAY, MAY 24, 1978

9:00 AM-11:30 AM **SUMMARY OF WORKSHOPS** ..... Forum Room

Presiding: Rene A. Ruiz, Ph.D.
Conference Director

11:30-12:00 noon **CONFERENCE WRAP-UP**

Bobby E. Wright, Ph.D.
Member, ADAMHA Minority Advisory Committee

Issues

1. **Treatment:** What kind of comprehensive treatment modality and continuum is needed for minority groups?
2. **Factors/Variables:** What are the precipitating, predisposing and contributing factors of alcohol, drug abuse and mental illness of minorities?
3. **Research:** What factors should be addressed in the area of research?
4. **Manpower:** What is the status of manpower recruitment, development and retention?
5. **Other Manpower Resources:** What is the role of the curandero, medicine man, herbist and religious disciplines in the treatment of alcohol, drug abuse and mental health of minorities?
6. **Accreditation:** What is the impact of licensure, certification and credentialling of minority service providers on the delivery of services?
7. **Prevention:** What are the variables involved? What kind of advocacy paradigms and strategies need to be developed and how are they to be implemented?
8. **Non-Metropolitan Communities:** What are the special needs/problems of rural and migrant minorities?
9. **Socioeconomic Factors:** What are the dynamics of social class/status? How do they affect mental health? What impact do they have on substance abuse?
10. **Institutionalization/Deinstitutionalization:** What kinds of treatment services are there for minorities in the penal system, mental hospitals, etc? What alternative and aftercare support services are needed?

ISSUE	WRITER	MAC MEMBER	FEDERAL RESOURCE
1. Treatment	June J. Christmas, M.D. Commissioner of Mental Health, Mental Retardation and Alcoholism Services, City of New York, N.Y., N.Y.	James T. Robinson, Jr. Assistant to the Vice President Sales Promotion, F&R Lazarus and Company Columbus, Ohio	Ruth Sanchez-Dirks, Ph.D. Special Assistant to the Director, National Institute on Alcohol Abuse and Alcoholism
2. Factors/Variables	Floyd H. Martinez, Ph.D. Executive Director Mental Health Center of Boulder County, Inc. Boulder, Colorado	Bobby E. Wright, Ph.D. Executive Director Garfield Park Comprehensive Community Mental Health Center Chicago, Illinois	Betty Jean Lee Staff Assistant Division of Research National Institute on Drug Abuse
3. Research	Stanley Sue, Ph.D. Associate Professor Department of Psychology University of Washington Seattle, Washington	Mark A. Quinones, Ph.D. Director of Drug Abuse and Social Medicine, College of Medicine and Dentistry of New Jersey, Newark, N.J.	Mary S. Harper, Ph.D. Assistant Chief Center, Minority Group Mental Health Programs National Institute of Mental Health
4. Manpower	Theodis Thompson, Ph.D. Assistant Professor of Health Services Administration, Acting Assistant Dean, School of Business & Public Administration, Howard University, Washington, D.C.	Lawrence K. Koseki, D.S.W. Deputy Director, State Department of Social Service and Housing Honolulu, Hawaii	Lonnie E. Mitchell, Ph.D. Chief, Manpower and Training Branch National Institute on Drug Abuse
5. Other Manpower Resources	Dorothy L. Miller, D.S.W. Scientific Analysis Corporation Panorama City, CA	Roberto Vargas Program Director El Centro Salud Mental Oakland, California	Joy G. Schulterbrandt Chief, Center for Studies of Child and Family Mental Health, National Institute of Mental Health
6. Accreditation	Dalmas A. Taylor, Ph.D. Professor, Department of Psychology, University of Maryland, College Park, Maryland	Dorothy J. Chu Special Assistant to the Director of Field Operations, Department of Social Services, Human Resources Administration, N.Y., N.Y.	George White, Chief Undergraduate Programs National Institute of Mental Health
7. Prevention	Carmen Carrillo, Ph.D. Professor, The Wright Institute Berkeley, California	Sandra J. Peak Director, Alcoholism Guidance Center Program Tahleguah, Oklahoma	Phillip Dawes Program Administrator, Special Projects Branch, Eastern Section National Institute on Alcohol Abuse and Alcoholism
8. Non-Metropolitan	Robert A. Ryan, Ed.D. Director, National Center for American Indian and Alaskan Native Mental Health Research and Development, Portland, Or.	Dolores Finger Wright Director, Drug and Alcohol Concerns, Board of Church and Society, The United Methodist Church, Wash., D.C.	Douglas Black Public Health Advisor Special Projects Branch Division of Special Treatment and Rehabilitation National Institute on Alcohol Abuse and Alcoholism
9. Socioeconomic Factors	Joe Yamamoto, M.D. University of California Neuropsychiatric Institute, L.A., California	Phyllis Harrison-Ross, M.D. Professor of Clinical Psychiatry Metropolitan Hospital Community Mental Health Center, N.Y., N.Y.	Charles Berrin Mental Health Education Technician, National Institute of Mental Health
10. Institutionalization/ Deinstitutionalization	Stanley H. Smith, Ph.D. Dean, College of Human Resources, Southern Illinois University Carbondale, Illinois	George G. Effman Executive Director Indian Alcoholism Commission of California Sacramento, CA	Ana Anders Director of Hispanic Affairs, St. Elizabeths Hospital National Institute of Mental Health